



Town of Northborough

Board of Health

63 Main Street
Northborough, MA 01532-1994
Office (508) 393-5009
Fax (508) 393-3130

Installers Name: _____

Installers Address: _____

Telephone Number: _____

Date: _____ Signature: _____

Note: Permit issued to an Individual – Not a company / corporation

Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

SSN or Federal ID #

Signature of individual or corporate name

Fee: \$150.00 (payable to the Town of Northborough)

Pursuant to MGL Ch. 152, Sec. 25A Please attach worker's compensation insurance affidavit (permit cannot be issued without this information.)