

Date Rcvd _____

Check # _____

FEE: **\$100.00**

Permit # _____

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE BOARD OF HEALTH SEPTIC SYSTEM INSTALLER APPLICATION 2023

Chicopee Health Department
115 Baskin Drive, Chicopee, MA 01020
(413) 594-3557

Name of Business _____

Business Address _____

Mailing Address (if different) _____

Business Email Address _____

Business Phone _____

Names of crew members working under this permit:

_____	_____
_____	_____
_____	_____
_____	_____

Other Affiliations:

I have read sections 15.019 and 15.020 (3) of the Massachusetts Environmental Code and understand my responsibilities pertaining to septic system installation.

SIGNATURE OF APPLICANT

Date

CHECK OR MONEY ORDER ONLY MAKE PAYABLE TO: CITY OF CHICOPEE

FEE IS NON-REFUNDABLE

Apply online at: permiteyes.us/chicopee/loginuser.php