



TOWN OF ROCKPORT
BOARD OF HEALTH
34 Broadway - Rockport, MA 01966
Phone: 978-546-3701 / Fax: 978-546-5013
www.rockportma.gov

Application for Title 5 Septic System Inspector Permit

FEE \$25.00 Payable to the Town of Rockport

In accordance with M.G.L. c.111, Section 31, and Rockport's Title 5 Supplementary Regulations, the undersigned makes application to the Rockport Board of Health for permission to conduct official Title 5 Inspections within the Town of Rockport.

Name of Title 5 Inspector: _____

Email Address: _____

Business Name: _____

Business Mailing Address: _____

Business Phone #: _____ Business Fax #: _____

Name of Owner/Corporation Name: _____

Please include with this application:

- ___ Workers Compensation Insurance Information (or Worker's Compensation Insurance Affidavit)
- ___ Copy of your DEP-Approved Title 5 Septic System Inspector Card
- ___ Copy of your Picture Identification
- ___ \$25 Fee

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the pains and penalties of perjury, that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

I certify that the information I have provided above is true and accurate. I agree to comply with Title 5 and any rules, regulations or policy of the Town of Rockport. **I agree to conduct a thorough and complete inspection, including ground water investigation, and to submit complete and accurate inspection reports; I understand that failure to do so will result in suspension of the Rockport Title 5 Inspector Permit.**

Signature of Title 5 Inspector

Signature Corporate Office (if applicable)

* If your complete application is not received by September 1st you will be assessed the \$50.00 late fee which must be paid before the application is processed.