



**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

Permit expires December 31<sup>st</sup> annually; renewals are due November 30<sup>th</sup>; late fees apply)

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 November 30th you will be assessed the \$50.00 late fee which must be paid before the application is processed.