



**TOWN OF MEDWAY**  
**COMMONWEALTH OF MASSACHUSETTS**

*Medway Town Hall  
155 Village Street  
Medway, MA 02053  
Phone (508) 533-3253*

**BOARD OF HEALTH**

**Disposal System Installer's Permit Application**

Application is \$125.00 per Installer, which can be paid via cash in-office or checks payable to "Town of Medway." All permits expire on December 31<sup>st</sup> of the same year issued.

Without items attached to permit application, located on checklist below, your application will not be processed.

According to 310 CMR 15.019 no individual shall engage in the construction, upgrade, modification, emergency repair, or expansion of any on-site system without first obtaining a Disposal System Installer's Permit from the Approval Authority.

Date: \_\_\_\_\_

**Type of Application (check one)**

☐ New (include 3 copies of current installer licenses)

☐ Renewal

**Licensed Installer Information**

Installer Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I have read and fully understand the subsurface sewage disposal system requirements of the Medway Board of Health and the State Environmental Code, Title V, and any amendments thereof. I agree to comply with the most current regulations and am familiar with the construction practiced and inspection requirements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To obtain a System Disposal System Installer Permit, submit the following:**

- Completed Disposal System Installer Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- \$125- Make check payable to "Town of Medway"
- Workman's Compensation Affidavit (*we have attached for you*)
- Certificate of Liability
- Tax Certification Form (*we have attached for you*)
- Any innovative or alternative system certificates held
- **Only for new installer applicants:** Submit 3 current Disposal System Installer permits from other Massachusetts communities.

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**For Official Use Only**

- ☐ **Approved as submitted**
- ☐ **Approved as submitted with the following conditions:** \_\_\_\_\_  
\_\_\_\_\_
- ☐ **Disapproved as submitted- Reason(s):** \_\_\_\_\_  
\_\_\_\_\_

**Date reviewed:** \_\_\_\_\_ **Reviewed by:** \_\_\_\_\_

**Date Permit was issued:** \_\_\_\_\_



## CERTIFICATE OF COMPLIANCE WITH MASSACHUSETTS TAX LAWS



Pursuant to Massachusetts General Law Chapter 62 C, Section 49A, the undersigned acting on behalf of the Contractor\*, certify under penalties of perjury that to the best of knowledge and belief, the Contractor\* is in compliance with all the laws of the Commonwealth relating to taxes, reporting of employee and contractors, and withholding and remitting child support.

### **Individual**

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Signature

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Date

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Name (please print or type)

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Social Security Number

### **Corporate**

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Corporate Name (please print or type)

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Signature of Corporate Officer

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Date

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Name of Corporate Officer (please print or type)

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Title

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Taxpayer Identification Number

\* As used in this certification, the word "Contractor shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.



*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*Office of Investigations*  
*600 Washington Street*  
*Boston, MA 02111*  
*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Are you an employer? Check the appropriate box:</b>	<b>Business Type (required):</b>
<input type="checkbox"/> 1. I am an employer with ____ employees (FT and/or PT.)*	<input type="checkbox"/> Retail
<input type="checkbox"/> 2. I am a sole proprietor or partnership and have no employees working for me in any capacity.	<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> 3. We are a corporation and its officers have exercised their right of exemption per c.152, §1(4), and we have no employees (no workers' comp. insurance required.)**	<input type="checkbox"/> Office and/or Sales (including real estate, auto, etc.)
<input type="checkbox"/> 4. We are a non-profit organization, staffed by volunteers, with no employees (no workers' comp. insurance required.)*	<input type="checkbox"/> Non-Profit
	<input type="checkbox"/> Entertainment
	<input type="checkbox"/> Manufacturing
	<input type="checkbox"/> Healthcare
	<input type="checkbox"/> Other (please specify): _____

\* Any applicant that checks box # 1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box # 1.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-Ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date.)**

Failure to secure coverage as required under Section 25A of MGL c.152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine up to \$250.00 a day against the violator. Be advised that the copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official Use Only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Issuing Authority (circle one):

Board of Health

Building Department

City/Town Clerk

Licensing Board

Selectmen's Office

Other: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Law's chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation, or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association, or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction, or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 142, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the Commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address, and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does not have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, the applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary.) A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. When a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves, etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, MA 02111**  
**Tel # 601.727.4900 ext. 406 or 1.877.MASSAFE**  
**[www.mass.gov/dia](http://www.mass.gov/dia)**