

Permit # _____

Fee: \$75.00 per vehicle

Check # _____

COMMONWEALTH OF MASSACHUSETTS

**TOWN OF NORTON
BOARD OF HEALTH**

APPLICATION FOR HAULING REFUSE, RECYCLABLES AND DEMOLITION

Name: _____ **Phone #:** _____

Company Name: _____

Company Address: _____

Mailing Address (If different): _____

Owners Name (If different): _____

Social Security NO. / F.I.D. NO.: _____

Estimated amount of rubbish & recyclables carried weekly? _____ **Tons**

Type of Permit check all that apply:

_____ **Residential** _____ **Commercial** _____ **Institutional** _____ **Demolition**

Number and Type of Vehicles Utilized?

Please list the registration number and type of vehicles utilized within Norton:

Registration Number	Type of Vehicle
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You must provide the following documents to the Board of Health:

- 1) I recognize that I must submit a quarterly report to the Board of Health of rubbish and recyclables transported. In addition, I may not alter materials or operations without written permission from the Board of Health. I understand that once the licenses are issued, they must be kept with each individual registered vehicle.**

Signature of Applicant

Date