



Town of West Tisbury

BOARD OF HEALTH

P. O. Box 278
West Tisbury, Massachusetts 02575
Telephone 508-696-0105
Email: boh@westtisbury-ma.gov

Fee- \$200.00

Permit Number

2020
TOWN OF WEST TISBURY
BOARD OF HEALTH
APPLICATION FOR A SEPTAGE PUMPERS PERMIT

NAME OF APPLICANT Tim Peters d/b/a TP Excavation + Septic Service
MAILING ADDRESS PO BOX 2115, Oak Bluffs
E-MAIL tpx3@capecod.net
PHONE # 508 693-6038 FAX # — CELL # 508 400-0625
Final Disposal Facility on Island: Edgartown Wastewater
Holding or transfer Location for Off-Island Disposal: —
Final Disposal Facility off-Island (attached a contract) —

AGREEMENT

The undersigned hereby agrees to comply with the removal, disposal, and transportation of septage pursuant to Mass. General laws chapter 111, 31A, 31B, 31D, 143, Title 5, and policies and regulations of the West Tisbury Board of Health.

T. J. M. Peters
Signature of Applicant

1/10/2020
Date

Board of Health Approval

Date

Note: Permit expires at the end of the calendar year in which issued unless sooner revoked for cause.

TOWN OF TISBURY - BOARD OF HEALTH
APPLICATION FOR LICENSE TO INSTALL SEPTIC SYSTEMS
2020 LICENSE FEE - \$200

Date: 1/16/2020

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the statutes relating thereto, an application for a license is hereby made by

Name: Tim Peters, db/a TP Excavation + Septic Service
(Full name of person, firm or corporation making application)

Mailing Address: PO BOX 2115, Oak Bluffs, MA 02557

Email: tpx3@capecod.net

to install and repair septic systems within the Town of Tisbury

Tim Peters
Signature of Applicant
508-693-6038
Telephone Number

COMMONWEALTH OF MASSACHUSETTS - DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that, to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

Tim Peters
Signature of Individual or Corporate name (mandatory)

By: Corporate Officer (Mandatory if applicable)

024561607
**Social Security No. (voluntary) or Federal Identification No.

****Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under authority of MGL c 62C s 49A.**

To be completed by the Board of Health office:

Permit no.: _____ Date issued: _____