



# *Town of Tyringham*

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## **Application for Perc Permit**

NUMBER: \_\_\_\_\_

DATE \_\_\_\_\_

### **THE COMMONWEALTH OF MASSACHUSETTS**

Town of Tyringham

To the Licensing Authorities:

In accordance with the provisions of the statues relating thereto, application for a Permit is hereby made by

NAME: \_\_\_\_\_  
(Full name of person, firm or corporation making application)

\_\_\_\_\_  
(Give location by street and number)

to perform a perc test.

Permit Issued \_\_\_\_\_  
DATE

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(ADDRESS)