



Town of Rowley

Office: 978-948-2231

E-mail: health@townofrowley.org

Board of Health

39 Central Street, P.O. Box 783

Rowley, Massachusetts 01969

Center School Municipal Annex

Permit/License Clearance Form

*Pursuant to the acceptance of MGL Chapter 40, Section 57,
Authorized by the approval of Article 54 of the Annual Town Meeting of May, 1987*

APPLICANT NAME: _____ DATE: _____

Business Name: _____

Mailing Address: _____

APPLICATION FOR THE FOLLOWING LICENSES/PERMITS:

- | | |
|--|---|
| <input type="checkbox"/> Annual Food / Restaurant | <input type="checkbox"/> Permit to Drill Private Well |
| <input type="checkbox"/> Permit to Construct a Septic System | <input type="checkbox"/> Annual Tanning |
| <input type="checkbox"/> Annual Septic (Hauler/Installer) | <input type="checkbox"/> Portable Toilet (Contractor/Temporary) |
| <input type="checkbox"/> Annual Dumpster (Permanent/Contractor) | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Body Art/Body Piercing (Establishment/Individual) | <input type="checkbox"/> Tobacco Sales |
| <input type="checkbox"/> Annual Motel / Camp | <input type="checkbox"/> Other: _____ |

Business Property Location (if applicable)

Assessor's Map: ____ Parcel: ____ Lot: ____

Address: _____

Personal Property Location (if applicable)

Assessor's Map: ____ Parcel: ____ Lot: ____

Address: _____

(check all that apply) ☐ Private Well ☐ Town Water ☐ Existing ☐ Proposed

Prior to the issuance of any Permit/License, the applicant of the said Permit/ License shall obtain signoffs from the following Town Office/Departments.

Town Treasurer / Collector (139 Main St.) _____ Date: _____

Municipal Light Department (47 Summer St.) _____ Date: _____

Rowley Water Department (401 Central St.) _____ Date: _____

**Upon receiving the three required signatures, return this form to the Board of Health
prior to the issuance of any Permit/License of the Town of Rowley.**

Thank you for your cooperation