



Town of Rowley

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Board of Health

APPLICATION

Center School Municipal Annex

39 Central Street, P.O. Box 783

Rowley, Massachusetts 01969

PORTABLE TOILET PERMIT

Date: _____

NAME OF BUSINESS/ORGANIZATION: _____

Address of Business: _____

Telephone Number: _____ E-Mail Address: _____

Mailing Address: _____

Applicant/Contact Name: _____

Approximate Number of People to use facility: _____

Days / Hours of Business Operation: _____

Number of Portable Toilets: _____ Requested Duration of Permit: _____

Schedule of Portable Toilet cleaning / Service: _____

Contractor providing service (name): _____

Contractor Address: _____

The following must be submitted with this application:

- License Fee: \$25.00 per unit, payable to the Town of Rowley. (Seasonal renewal January 1st.)
- A completed SIT-62C Form

I certify that the information I have provided above is true and accurate. I agree to conduct my business in accordance with the rules, regulations, and/or special condition(s) imposed by the Rowley Board of Health.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE TO BE COMPLETED BY BOARD OF HEALTH

☐ GRANTED: Date: _____

☐ DENIED: Reason: _____