



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

Temporary Portable Toilet Permit

APPLICATION

Date: _____

Name of business or individual applying for permit: _____

Address of temporary portable toilet site: _____

Responsible Person's Name: _____ E-Mail Address: _____

Mailing address for responsible party: _____

Phone: _____ Fax: _____ Mobile: _____

Describe location of portable toilet(s) on property (include number of portable toilet, frequency of emptying, and any other information): _____

Portable toilet service company: _____

Requirements related to the granting, conditioning, and processing of this application:

1. Fees are Payable to the Town of Rowley:
Permit Fees: 15 day permit – \$10.00; 45 day permit – \$25.00; 120 day permit - \$50.00
2. I certify that the information I have provided above is true and accurate. I agree to uphold this permit 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: _____

PERMIT NUMBER: _____

☐ DENIED:

Reason: _____