

# TOWNSHIP OF DENVILLE

## DEPARTMENT OF HEALTH

**CARLOS PEREZ, JR.**  
Health Officer  
Ext. 268

**KATHLEEN SCOLLANS**  
Registrar of Vital Statistics  
Ext. 266

**KELLY LOMBARDI**  
Health Department Secretary  
Ext. 261

**OFFICE PHONE:**  
973-625-8300 Ext 261



**LAURA DECKER**  
Registered Environmental  
Health Specialist-  
Asst. Health Dept. Supervisor  
Ext. 260

**PEGGY GROSSMAN**  
Public Health Nurse  
Supervisor  
Ext. 264

**OFFICE FAX:**  
973-627-8371

### DENVILLE HEALTH DEPARTMENT

#### Application for Septic Contractor's License

Fee \$100

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years of experience installing septic systems: \_\_\_\_\_ (applicants must have >2 yrs exp.)

A copy of your insurance policy (Commercial General Liability) must be submitted with this application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

-----  
Office use only:

Insurance submitted? Yes / No    Copy of license submitted (if new)? Yes / No

Exam score (if applicable): \_\_\_\_\_

Licensed approved: \_\_\_\_\_ Yes \_\_\_\_\_ No                      Date: \_\_\_\_\_

HO/REHS: \_\_\_\_\_

Date License Issued: \_\_\_\_\_ License Issued By: \_\_\_\_\_

**1 ST. MARY'S PLACE, DENVILLE, NJ 07834**