

Permit Eyes Instructions

<https://permiteyes.us/chicopee/loginuser.php>

1. Create a login, click [New User Register Here!](#)



2. Complete Applicant Registration Form

A screenshot of the "APPLICANT REGISTRATION FORM" showing Step 1: Personal Details. A progress bar at the top has four steps: PERSONAL DETAILS (active), LOGIN DETAILS, OTHER DETAILS, and PREVIEW. The form fields include: * Name, Address (with sub-fields for * Street No., * Street Name, * City, * State, and * Zip), * Phone, * Email, Alt. Phone, and Fax. At the bottom are "EXIT" and "NEXT" buttons.

3. Select which type of business, most will use as an **ESTABLISHMENT, RESTAURANT or FACILITY**

A screenshot of the "APPLICANT REGISTRATION FORM" showing Step 3: Details. The progress bar now shows PERSONAL DETAILS, LOGIN DETAILS, OTHER DETAILS (active), and PREVIEW. A box contains "Instructions" in red: "Please describe yourself using the checkboxes below. (Check all that apply.) As you click, new sections will be added to this registration form. Any information that you register with now will automatically flow into all applicable forms in the future." Below this are four checkboxes for "I am applying for permits/licences": as an ESTABLISHMENT, RESTAURANT or FACILITY; as a SEPTIC DESIGNER; as a SEPTIC INSTALLER; and as a SEPTIC INSPECTOR. At the bottom are "PREVIOUS" and "NEXT" buttons.

4. Click **ADDRESS DOES NOT APPEAR IN DROP-DOWN** if your address is either not in the drop-down menu or not in Chicopee

APPLICANT REGISTRATION FORM

PERSONAL DETAILS | LOGIN DETAILS | OTHER DETAILS | ESTABLISHMENT DETAILS | PREVIEW

STEP 5- ESTABLISHMENT DETAILS ADDRESS DOES NOT APPEAR IN DROP-DOWN

* Est. Name: _____ DBA: _____

* Street Name: --Select-- * Map Block Lot: _____

* Street Number: _____

* City: _____ * State: _____ * Zip: _____

* Telephone: _____ Fax: _____

PROPERTY OWNER DETAILS

Property Owner Name: _____

Street Number: _____ Street Name: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Same As Property Owner

BUSINESS OWNER DETAILS

* Business Owner Name: _____

* Street Number: _____ * Street Name: _____

* City: _____ * State: _____ * Zip: _____

Telephone: _____ Email: _____

PREVIOUS **NEXT**

5. Click **NEW APPLICATION** then select BOH for the Health Department. Next select the permit type you are applying for

HOME **NEW APPLICATION** Welcome To Chicopee Online Permitting Katie Cyr

Select Permit to Begin

Currently Showing:

Select Board of Health Permit:

Beaver Control Emergency (10 Day)	Beaver Control Non-Emergency	Bee Keeping
Body Art Apprentice	Body Art Establishment	Body Art Practitioner
Disposal System Installer	Disposal Works Septic (DSCP)	Food Establishment
Frozen Desserts	Funeral Director	Hotel/Motel/Campground
Keeping of Animals	Local Upgrade Approval - Form 9A	Mobile Food Vendor
Mobile Home Park	Recreational Camps for Children	Request for Variance
Septage Hauler	Swimming Pool	Tanning Facility

6. Fill out all mandatory fields on the application (*). Once you check off "I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct." a **SUBMIT** button will appear

HOME **NEW APPLICATION** Welcome To Chicopee Online Permitting Katie Cyr

Title	Value	Description	Total
Septic Hauler	✓	\$100.00	100.00
Total Amount			100.00

DECLARATION

Social Security Number or Federal ID: _____

Permit will not be issued unless the following certification clause is electronically signed by the applicant. Social Security Numbers will be furnished to the Massachusetts Department of Revenue to determine whether the applicant has met tax filing and/or tax payment obligations. Licensees who fail to correct their non-filing delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law Chapter 26C, § 49A.

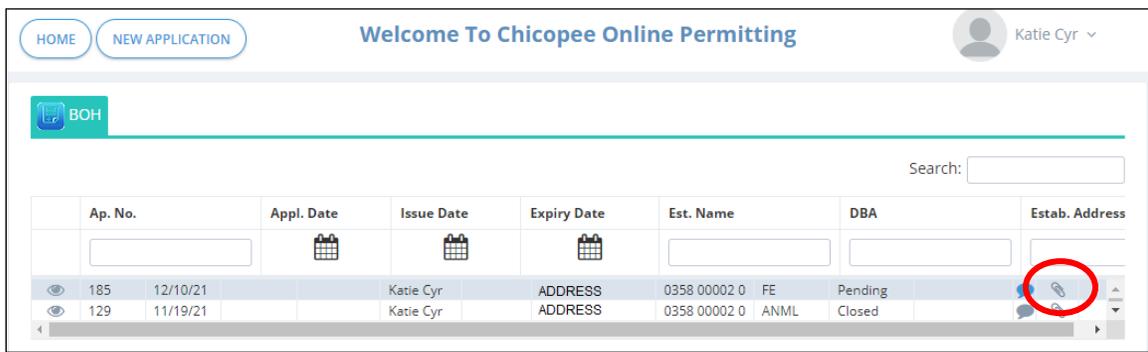
All permit holders must comply with all local, state, and federal regulations. Please reference all applicable laws, including MGL c. 111, § 31A.

I, Katie Cyr the undersigned, hereby apply to the Chicopee Board of Health for the above referenced permit(s) in accordance with the listed applicable laws.

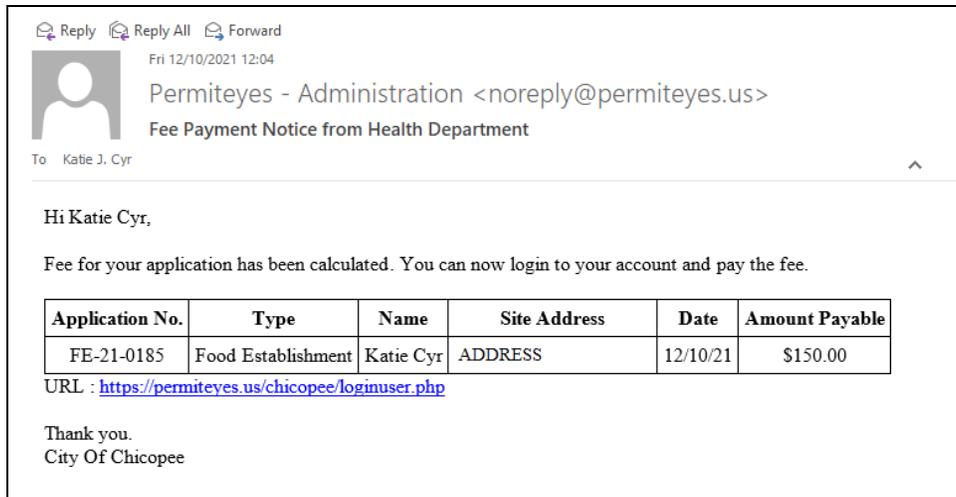
* I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct. Date: 10/05/2022

SUBMIT **SAVE AND EXIT** **EXIT**

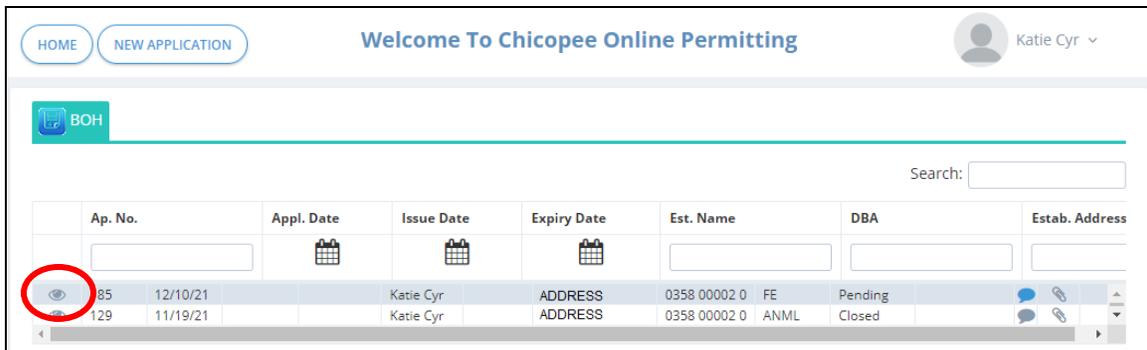
- After you submit your application, you can attach any supporting documentation by using the paperclip icon from your PermitEyes Dashboard



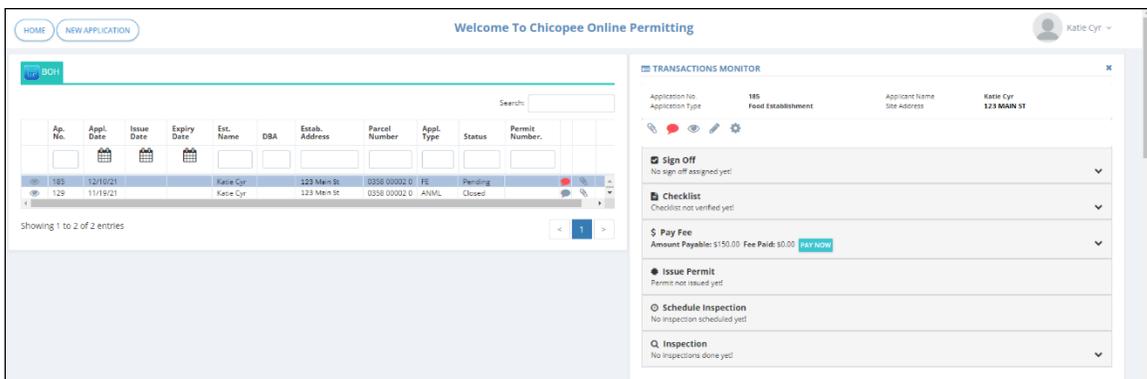
- Once your application is submitted, we will release the fee for payment and you should receive an email notification



- To pay the fee, click the eyeball icon to open the TRANSACTIONS MONITOR for the application awaiting payment



- Then click on PAY NOW or you can mail in a check or money order made out to the City of Chicopee



- Once the fee is paid, we will release the permit and you can print out a copy for your records. We don't mail permits completed in our PermitEyes portal, unless requested