

**TOWN OF SOUTHBOROUGH - BOARD OF HEALTH
BUILDING ALTERATION
COMMERCIAL**

APPLICATION DATE _____ CHECK # _____

DISCRIPTION OF BUILDING ALTERATION: _____

(i.e. Alteration, Addition, or Change of Use*)

FEE (BASED ON COMPLEXITY, ALTERATION VALUE, ETC)

Value Range

Change of use and less than \$5,000	<u>\$25.00</u>	_____
\$5,000 to \$\$25,000	<u>\$50.00</u>	_____
\$25,000 to \$50,000	<u>\$100.00</u>	_____
\$50,000 to \$100,000	<u>\$200.00</u>	_____
\$100,000 to \$500,000	<u>\$400.00</u>	_____
Greater than \$500,000	<u>\$800.00</u>	_____

* Change of use must be properly documented by an appropriate professional

APPLICANT NAME _____ DATE _____

ADDRESS _____ PHONE _____

STREET AND NUMBER _____

SYSTEM SIZE BASED ON _____ GAL / _____ AND/OR NO. OF BEDROOMS _____

ASSESSOR MAP/PARCEL # _____

NOTES

* CASH, A CHECK OR MONEY ORDER PAYABLE TO THE TOWN OF SOUTHBOROUGH IN THE AMOUNT STATED ABOVE IS REQUIRED BEFORE THIS APPLICATION CAN BE CONSIDERED OR REVIEWED.

* BUILDING ALTERATIONS MUST ALSO BE SUBMITTED WITH A HAND DRAWN (DOES NOT HAVE TO BE TO SCALE) SKETCH SHOWING ALL THE ROOMS IN THE HOUSE ON ALL FLOORS. MAKE SURE TO INDICATED THE ACCESS BETWEEN ROOMS AND WHETHER THERE ARE DOORS OR NOT.

* IT IS REQUIRED THAT THE SYSTEM LOCATION AND SYSTEM CAPACITY BE DETERMINED AND ACCURATELY DRAWN ON A PLAN; ENGINEERED PLANS MAY ALSO BE REQUIRED.
IF ENGINEERED PLANS ARE REQUIRED REQUEST WILL BE TREATED AS NEW SDS SYSTEM REQUEST.

SIGNATURE _____

DATE _____

OWNER AGENT FOR OWNER