

# TOWN OF SOUTHBOROUGH - BOARD OF HEALTH SEWAGE DISPOSAL SYSTEM APPLICATION COMMERCIAL

**FEE BASED ON SYSTEM SIZE:**

**\$500.00 PLUS \$0.30 PER GALLON W/\$500.00 MINIMUM FEE**

NEW CONSTRUCTION \_\_\_ COMPLETE REPLACEMENT \_\_\_ (PLEASE CHECK ONE)

DATE \_\_\_\_\_

REVISION \_\_\_\_\_

**\$ 100.00**

UPDATE \_\_\_\_\_

**\$100.00**

COMPONENT REPLACE/REPAIR \_\_\_\_\_ \$150

NON HAZARDOUSE WAST \_\_\_\_\_

PERMIT # \_\_\_\_\_

CHECK # \_\_\_\_\_

HOLDING TANK \_\_\_\_\_ \$500.00

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

LAND OWNER OF RECORD \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS – LAND OWNER OF RECORD \_\_\_\_\_

A PERMIT IS REQUESTED TO INSTALL OR ALTER A SEWAGE DISPOSAL SYSTEM OR REVISE PLAN FOR SEWAGE DISPOSAL OR INSTALL A POOL OR ADD TO DWELLING ON THE LOT DESCRIBED BELOW:

STREET AND NUMBER \_\_\_\_\_

SYSTEM SIZE BASED ON \_\_\_\_\_ GAL / \_\_\_\_\_

ASSESSOR MAP/PARCEL # \_\_\_\_\_ LOT SIZE \_\_\_\_\_ /AREA OR SQ.FT.

**I UNDERSTAND THAT I MAY NOT PROCEED WITH CONSTRUCTION OF THE SEWAGE DISPOSAL SYSTEM UNTIL THIS APPLICATION IS APPROVED; THAT THE INSTALLATION MUST BE INSPECTED BY BOTH THE CERTIFYING ENGINEER AND THE AGENT OF THE BOARD OF HEALTH AS REQUIRED BY THE PERMIT AND THAT I AM RESPONSIBLE FOR SCHEDULING THESE INSPECTIONS WITH A MINIMUM OF 24 HOURS NOTICE.**

**THE INSTALLATION MUST BE PERFORMED BY AN INSTALLER SO LICENSED BY THE TOWN OF SOUTHBOROUGH.**

### NOTES

- \* 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.
- \* WHEN UPDATING SDS PERMIT, IF ONE (1) OR MORE YEARS HAVE PASSED FROM THE ORIGINAL APPROVAL DATE, DESIGNER MUST CERTIFY THAT CONDITIONS ARE UNCHANGED AND THAT THE PLAN STILL CONFORMS TO APPLICABLE SANITARY CODES.
- \* IF THIS IS AN ADDITION OR CHANGE OF USE, IT IS REQUIRED THAT THE SYSTEM BE INSPECTED BY A LICENSED PROFESSIONAL TO DETERMINE THE LOCATION AND SYSTEM CAPACITY. ENGINEERED PLANS MAY ALSO BE REQUIRED. IF ENGINEERED PLANS ARE REQUIRED REQUEST WILL BE TREATED AS NEW SDS SYSTEM REQUEST.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_  OWNER  AGENT FOR OWNER

REVISED 1/06 {8/02} {3/01} {3/00} {2/99} {12/96} {7/96} {6/93}