

TOWN OF SOUTHBOROUGH - BOARD OF HEALTH SEWAGE DISPOSAL SYSTEM APPLICATION RESIDENTIAL

DATE _____	<u>PLEASE CHECK ONE</u>	
NEW CONSTRUCTION _____	FEE \$400.00	
COMPLETE REPLACEMENT _____	FEE \$300	COMPONENT REPLACE/REPAIR _____ FEE \$ 100
REVISION _____	\$ 75.00	UPDATE _____ \$ 50.00
PERMIT # _____		CHECK # _____

APPLICANT NAME _____ DATE _____

APPLICANT ADDRESS _____ PHONE _____

LAND OWNER OF RECORD _____ PHONE _____

ADDRESS – LAND OWNER OF RECORD _____

A PERMIT IS REQUIRED TO INSTALL OR ALTER A SEWAGE DISPOSAL SYSTEM OR REVISE PLAN FOR SEWAGE DISPOSAL ON THE LOT DESCRIBED BELOW:

STREET AND HOUSE NUMBER _____

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

ASSESSOR MAP/PARCEL # _____ LOT SIZE _____ /ACRES OR SQ.FT. (CIRCLE ONE)

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 THE INSTALLER IS RESPONSIBLE FOR SCHEDULING THESE INSPECTIONS WITH A MINIMUM OF 24 HOURS NOTICE.

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

NOTES

- * CASH, A CHECK OR MONEY ORDER PAYABLE TO THE TOWN OF SOUTHBOROUGH IN THE AMOUNT STATED ABOVE IS REQUIRED BEFORE AN 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. A PLAN MAY BE UPDATED ONLY ONE CE.

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}