# TOWN OF SOUTHBOROUGH - BOARD OF HEALTH
# POOL CONSTRUCTION PERMIT APPLICATION

**FEE** _____ **$25.00**
**RENEWAL** _____
**NEW** _____
**PERMIT #** _____
**DATE ISSUED** _____

APPLICANT NAME _____ DATE_____

ADDRESS _____ PHONE _____

STREET AND NUMBER _____

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.**

*** IT IS REQUIRED THAT THE SYSTEM LOCATION 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 OR REVISED SDS SYSTEM REQUEST.**

**SIGNATURE** _____ **DATE** _____

☐ OWNER ☐ AGENT FOR OWNER

① **A check or money order payable to the Town of Southborough in the amount stated above must accompany application.**

***REVISED 2007***