

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

DATE _____	
NEW CONSTRUCTION _____	
FEE \$400.00	OTHER (\$_____ .00)
PERMIT # _____	CHECK # _____
REVISION _____	\$ 75.00
UPDATE _____	\$ 50.00

NAME _____ DATE _____

ADDRESS _____ PHONE _____

STREET AND NUMBER _____

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

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

A PERMIT IS REQUIRED PRIOR TO INSTALLATION OF A SUBSURFACE SEWAGE DISPOSAL SYSTEM FOR ANY SHARED SYSTEM PROJECT REGARDLESS OF SIZE. A PRE-CONSTRUCTION MEETING MUST BE SCHEDULED PRIOR TO INSTALLATION.

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 ONCE.**

SIGNATURE _____ DATE _____

PRINTED NAME _____ OWNER AGENT FOR OWNER

REVISED {2/05} {3/0}1 {3/00} {2/99} {12/96} {7/96} {6/93}