

TOWN OF SOUTHBOROUGH - BOARD OF HEALTH
APPLICATION
CONNECTION TO COMMUNAL/PUBLIC SEWER SYSTEM

DATE: _____	FEE: _____	
PERMIT # _____		CHECK # _____
RESIDENTIAL <input type="checkbox"/>	COMMERCIAL/INDUSTRIAL <input type="checkbox"/>	INSTITUTIONAL <input type="checkbox"/>
OTHER <input type="checkbox"/>		

OWNER NAME _____ DATE _____

ADDRESS _____ PHONE _____

A PERMIT IS REQUIRED OF ANY SOUTHBOROUGH PROPERTY OWNER CHOOSING TO CONNECT TO A COMMUNAL/PUBLIC SEWER SYSTEM.

STREET AND NUMBER _____

ASSESSOR MAP/PARCEL # _____

NAME AND ADDRESS OF COMMUNAL/PUBLIC SYSTEM AUTHORITY:

PHONE # _____ MAJOR CONTACT PERSON (IF KNOWN) _____

I UNDERSTAND THAT THE SOUTHBOROUGH BOARD OF HEALTH WILL NOT SIGN OFF ON A CERTIFICATE OF OCCUPANCY UNTIL THE FOLLOWING REQUIREMENTS HAVE BEEN MET:

- 1. AN AGREEMENT/APPROVAL LETTER FROM THE RECIPIENT COMMUNAL/PUBLIC SYSTEM AUTHORITY HAVE BEEN RECEIVED AT THE SOUTHBOROUGH BOARD OF HEALTH OFFICE.**
- 2. THE INSTALLATION OF THE SEWER CONNECTION/PUMP STATION, MANHOLE(S) IN THE TOWN OF SOUTHBOROUGH IS INSPECTED BY 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.**
- 3. AN AS-BUILT SKETCH IS RECEIVED AND REVIEWED BY THE AGENT.**

NOTES

*** A CHECK OR MONEY ORDER PAYABLE TO THE TOWN OF SOUTHBOROUGH IN THE AMOUNT STATED ABOVE IS REQUIRED PRIOR TO ANY REVIEW OR INSPECTION.**

SIGNATURE _____
 OWNER AGENT FOR OWNER

DATE _____