



Town of Southborough
 Board of Health
 9 Cordaville Road, Lower Level
 Southborough, MA 01772-1662

Phone: (508) 481-3013
 Fax: (508) 229-2580

**WASTE WATER TREATMENT
 CONSTRUCTION PERMIT/SEWER COLLECTION PERMIT**

- Construction FEE: +/- \$5,000 \$ _____
- Sewer Collection FEE: +/- \$5,000 \$ _____
- Revision FEE: To be determined \$ _____
- Update Fee: To be determined \$ _____

Applicant Name _____ Date _____

Applicant Address _____ Phone _____

Street and House Number _____

System Size Based on _____ GAL/ _____ Assessor Map/Parcel # _____

- **A permit is required prior to installation of any waste water treatment construction or sewer collection unit 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 48 hours' notice.**
- **The installation must be performed by an Installer licensed by the Town of Southborough.**

You Must Submit a check or money order payable to the Town of Southborough in the amount stated above plus any additional fees required before this application will be considered or reviewed. When updating VWT Construction or WWT Sewer Collection 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

FOR OFFICE USE ONLY

Fee _____ Check # _____

Permit Number _____ Date Issued _____

Notes: _____
