



Payment

Date: _____ Plan Review Fee: _____
Check/Receipt Number: _____
Date: _____ Permit Fee: _____
Check/Receipt Number: _____

OFFICIAL USE ONLY

**Town of Northborough
Board of Health
63 Main Street
Northborough, MA 01532**

APPLICATION FOR A SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

SEPTIC SYSTEM PLAN REVIEW

- \$ _____ -Application & Plan Review
- \$ _____ -Application & Plan Review/Perc Rate Exceeding 30 min/inch

PERMIT ISSUE & SYSTEM INSPECTION

- \$ _____ -Permit Issue & System Inspection (note: size dependent)
- \$ _____ -I/A Permit Issue & System Inspection (note: size dependent)

SINGLE COMPONENT REPLACEMENT

- \$ _____ -Permit for Septic Tank Replacement or Sewer Line
- \$ _____ -Permit for Distribution Box Replacement

Assessor's Parcel Number _____ Map Number _____

Street Location _____ Lot# _____

New	Existing
<input type="checkbox"/>	<input type="checkbox"/> Dwelling
<input type="checkbox"/>	<input type="checkbox"/> Business
<input type="checkbox"/>	<input type="checkbox"/> Industrial
<input type="checkbox"/>	<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/> Restaurant

Number of Bedrooms _____
Number of Employees _____ Square Feet of Floor Space _____
Describe (Business) _____ Food Service yes no
Number of Seats _____ Food Service Only _____
Lot Size _____
Water Supply Town Well on Property Community Water Supply

Name of Engineer _____ Telephone _____

*Name of Owner _____ Telephone _____

Address _____

Installer Information _____

Address _____ Telephone _____

Daytime Telephone Number _____ Business Residence

THE INFORMATION GIVEN ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT

Date _____
*NAME TO APPEAR ON PERMIT

Signature of Applicant _____