

**Board of Health**

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770  
508-651-7852

APPLICATION NUMBER: \_\_\_\_\_

**APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

Application is hereby made to: ☐ Locate and Construct ; OR ☐ Alter an Individual Sewage Disposal System ; OR ☐ Replace/Repair a Septic Tank ☐ Replace/Repair Direct Piping or a Distribution Box OR ☐ Other \_\_\_\_\_.

For alterations, replacements, or repairs:

Variance to Title 5 ☐ Yes ☐ NoVariance to Local Regulations ☐ Yes ☐ No

Total Fee Owed: \_\_\_\_\_

Fee Received: \_\_\_\_\_ (For Office Use Only)

Accompanied by plan dated: \_\_\_\_\_

**Address of Property:**

Street #: \_\_\_\_\_

Lot #: \_\_\_\_\_

**Property Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Applicant Information** (if different from property owner):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Type of Building:** ☐ Residential ☐ Commercial**For Residential** - # of Bedrooms: \_\_\_\_\_**For Commercial**– Design flow: \_\_\_\_\_ gallons/day**Submitted for Conservation Commission Approval?** ☐ Yes ☐ No**Does this plan utilize Innovative/Alternative (IA) Technology?** ☐ Yes ☐ No*If this plan utilizes IA Technology, please fill out the IA Technology Acknowledgement Form*

The undersigned acknowledges that they shall, before commencing construction or use of the system that is the subject matter of this application, secure any and all other permits which may be required by the laws of the Town of Sherborn and the Commonwealth of Massachusetts, including, wherever applicable, a building permit, any variances or special permits from the Zoning Board Authority, any Planning Board approvals, Negative Determination, or Order of Conditions from the Conservation Commission as well as ensuring that any necessary deed recordings be recorded at the Registry of Deeds and a pre-construction conference is held with the design engineer, licensed installer, and the health agent. **The undersigned acknowledges that they must receive approval from the Board of Health upon completion through passing a construction, house, and a final grade inspection.** It is also acknowledged that the system shall be installed by a person or firm having a permit to install such systems in the Town of Sherborn.

**Signature of Property Owner:** \_\_\_\_\_**Date:** \_\_\_\_\_