



Board of Health

Plainville, Massachusetts

190 South Street - P. O. Box 1717 - 02762
Phone: 508-695-3142, ext 5
BOH@plainville.ma.us

Revised 9/14/20

PERMIT NUMBER: _____

Application Fee: **\$500.00**
(Non-refundable)

Review Fee: **\$2,000.00**

Application Received: _____

APPLICATION FOR:
(check one)

ENVIRONMENTAL HEALTH PERMIT
 BOARD OF HEALTH REVIEW

Application is hereby made for an ENVIRONMENTAL HEALTH PERMIT or BOARD OF HEALTH REVIEW as required by the Plainville Board of Health Regulation entitled "PUBLIC AND ENVIRONMENTAL HEALTH REVIEW REGULATIONS AND STANDARDS".

NAME OF PROJECT: _____

ADDRESS OF PROPERTY: _____

MAP NUMBER _____ LOT NUMBER _____

*APPLICANT NAME: _____

APPLICANT CONTACT: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE: _____ E-MAIL: _____

PROPERTY OWNERS NAME: _____

PROPERTY OWNERS ADDRESS: _____

OWNERS PHONE: _____ E-MAIL: _____

ENGINEER NAME: _____

ENGINEER CONTACT: _____

ENGINEER ADDRESS: _____

ENGINEER PHONE: _____ E-MAIL: _____

PROJECT DESCRIPTION (use additional sheets if necessary)

The undersigned acknowledges that he/she must, before commencing construction or use of the project which is the subject matter of this application, secure any and all other permits which may be required by the laws of the Town of Plainville, and the Commonwealth of Massachusetts, including, wherever applicable, a Disposal Works Construction Permit, Well Permit, Sewer Entry Permit, Building Permit, Special Permits, or Order of Conditions from the Conservation Commission, any Planning Board approvals, as well as all Board of Health approvals.

Completed and signed "Submittal Guidelines for Subdivision Plans, Site Plans or Other Types of Project Plans" must accompany this application

SIGNATURE OF APPLICANT: _____ DATE: _____

*Any unused portion of the review fee will be returned to the applicant as required by Chapter 593 of the Acts of 1989.