



Town of Norfolk Board of Health

1 Liberty Lane
Norfolk, MA 02056

APPLICATION FOR SMALL COMPONENT REPAIR/REPLACEMENT OR BASEMENT EJECTOR PUMP

PERMIT # _____

Application Fee (\$100 per component, plus \$25 admin. fee): \$ _____ Date: _____

Application is hereby made for a permit to repair () or replace () an individual sewage disposal system component as shown or recorded on a Title 5 Certification or install () a basement ejector pump located at:

Address of Property: _____

Name of Owner/Applicant: _____ Tel. #: _____

Address of Owner/Applicant: _____

Type of Facility: _____

Name of Installer: _____ Installer Permit #: _____

Installer Tele #: _____

COMPONENTS TO BE REPAIRED OR REPLACED: _____

Reason for Upgrade:

The upgrade is the result of a Title 5 Inspection (attach copy of report)

Other, please describe: _____

The undersigned acknowledges that he/she must, before commencing construction or use of the system 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 Norfolk, and the Commonwealth of Massachusetts, including wherever applicable, an Order of Conditions from Conservation Commission, a building permit, a plumbing or gas permit, any variances or special permits from the ZBA, any Planning Board approvals as well as approval from the Board of Health upon completion. It is also acknowledged that a person or firm having a permit to install such systems in the Town of Norfolk must install the system.

SIGNATURE OF OWNER/APPLICANT: _____

*NOTE: For Distribution Box replacements, the D-Box and the piping out to the connection with the existing piping must be exposed for inspection.

APPROVED - NORFOLK BOARD OF HEALTH

Wade. D. Saucier, RS, CHO

Date Approved

www.norfolk.ma.us

Office 508-528-7747
Fax 508-541-3300