TOWN OF NORFOLK - BOARD OF HEALTH
APPLICATION FOR NEW SEPTIC SYSTEM OR UPGRADE

(Application and plans shall not be considered submitted or stamped "RECEIVED" until this form is filled out completely and signed by the applicant, Soil Evaluation Forms and 4 copies of the plan are submitted, and all fees paid)

PERMIT # _____

Basic Application Fee $_____ Date of Submittal _____ (To be completed by Office)

Pump System $_____Plan Revision $_____ Previously Approved Plan $_____Transfer $_____

Variance/Local Upgrade $_____ Alt/Innovative System $_____ Bldg. Relocation $_____

TOTAL FEE $_____ Plan Dated:_____ Revision Dates:_____

IS SYSTEM DESIGNED FOR GARBAGE GRINDER? CIRCLE (YES or NO) IF NO – RESTRICTION MUST BE RECORDED AT REGISTRY OF DEEDS.

IS PROPOSED SEPTIC SYSTEM WITH 100' OF WETLANDS OR WITHIN 200' OF A PERENNIAL STREAM? CIRCLE (YES OR NO) IF YES - MUST GO TO CONSERVATION COMMISSION.

Application is hereby made for a permit to locate and construct ( ) or upgrade ( ) an individual sewage disposal system as shown on the plans annexed here at:

Address of Property: _____Assessor's Map #_____ Block #_____Lot # _____
Street # Street Name Lot #

Narne of Owner:_____Telephone #: _____

Address of Owner: _____

Name of Applicant: _____Telephone #: _____

Address of Applicant: _____

Name of Engineer: _____Telephone #: _____

Address of Engineer: _____

Type of Facility: _____

IF DWELLING: # of Bedrooms: _____Total Number of Rooms: _____

Design Flow if Not a Dwelling: _____GPD

Reason for upgrade or revision: _____

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 APPLICANT:_____

(Applicant is either owner or owner to be)