

Application for Witnessing of Percolation Tests
And/Or
Deep Observation Holes by Board of Health

Location of Property: _____

Map: _____ **Parcel:** _____

Directions to property (If not street number): _____

Applicant's Name (must be owner or prospective owner with approval of owner): _____

Address: _____

Daytime Phone: _____

Owner's Address: _____

Engineer's Name: _____

Engineer's Address: _____

Check one:

Repair

New Dwelling

New Business

New Industrial

Other (Explain)

Restaurant

Sewage treatment plant

Number of Bedrooms: _____

Number of Employees: _____

Sq/Ft.: _____

Describe: _____

Number of Seats: _____

Fees

New Construction: **\$150.00** due at time application
 \$150.00 due at time of plan submittal

Repairs: **\$100.00** due at time of perc application.

***** Ask about our financial assistance and state income tax credit, if repairing a system.**

***** Fees are the same for residential and commercial.**