

**APPLICATION FOR WITNESSING OF PERCOLATION TESTS
AND/OR DEEP OBSERVATION HOLES BY THE BOARD OF HEALTH**

DATE: _____
LOCATION OF PROPERTY _____
LOT SIZE _____ ZONING DISTRICT _____
MAP NO. _____ PARCEL NO. _____ STREET NO. _____

DIRECTIONS TO PROPERTY (if no Street Number) _____

APPLICANT'S NAME (MUST BE OWNER OR PROSPECTIVE OWNER WITH APPROVAL OF OWNER) _____
ADDRESS _____
DAYTIME PHONE NO. _____
OWNER'S NAME _____
ADDRESS _____
ENGINEER'S NAME _____
ENGINEER'S ADDRESS _____ PHONE: _____

- REPAIR NUMBER OF BEDROOMS _____
- NEW DWELLING NUMBER OF EMPLOYEES _____ SQ.FT. _____
- NEW BUSINESS DESCRIBE _____
- NEW INDUSTRIAL _____
- OTHER (PLEASE EXPLAIN) _____
- RESTAURANT NUMBER OF SEATS _____
- SEWAGE TREATMENT PLANT
- OTHER

THIS APPLICATION MUST BE ACCOMPANIED BY A PLAN OF THE LOT

SCHEDULE OF FEES

New Construction—\$150.00 due at time of Perc Application
\$150.00 due at time of Submittal of Plans

Repairs— \$ 50.00 due at time of Perc Application
(If you are repairing a septic system, ask us about available
Financial Assistance and State Income Tax Credit.)

The Fees are the same for residential and commercial properties.

FEE SUBMITTED _____ **DATE** _____