

**CITY OF ATTLEBORO
HEALTH DEPARTMENT
77 PARK STREET
ATTLEBORO, MASSACHUSETTS 02703**

Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct or Repair an On-site Sewage Disposal System at:

Location Address or Lot No.	Owner's Name, Address and Tel.#
Installer's Name, Address, and Tel.#	Designer's Name, Address and Tel.#

Type of Building

Dwelling No. of Bedrooms _____ Garbage Grinder
 Other Type of Building _____ No. of Persons _____ Showers Cafeteria
 Other Fixtures _____

Design Flow _____ gallons per day. **Calculated** daily flow _____ gallons.

Plan Date _____ Number of sheets _____ Revision Date _____
 Title _____

Description of soil _____

Nature of Repairs or Alterations (Answer when applicable) _____

Date last inspected: _____

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signed _____ Date _____

Application approved by _____ Date _____

Application disapproved for the following reasons _____

Permit No. _____ Date Issued _____

No. _____

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Disposal System Construction Permit

Permission is hereby granted to _____ to construct or repair
 an On-site Sewage System located at _____
 and as described in the above Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions.
All construction must be completed within two years of the date below.

Date _____

Approved by _____