



BOARD OF HEALTH

Town of Boylston

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Boylston, MA 01505
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PERMIT APPLICATION TO REPAIR AND/OR REPLACE AN INDIVIDUAL COMPONENT

Component Repair Permit No. _____
(ISSUED BY BOH)

FEE \$100.00

Owner's Name: _____

Address: _____

Telephone No: _____

Installer's Name: _____

Address: _____

Telephone No: _____

Description of Repairs or Alterations: _____

Approving Signature of Health Agent: _____

Date: _____

CERTIFICATE OF COMPLIANCE FOR AN INDIVIDUAL COMPONENT

The undersigned hereby certify that the _____

by: _____

at: _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved **Component Repair Permit** _____ dated _____.

Installer's Signature: _____ Date: _____

Health Agent's Signature: _____ Date: _____