



Town of Boylston Board of Health boh@boylston-ma.gov
221 Main Street, Boylston MA 01505 ** Telephone (508) 869-6828 ** Fax (508) 869-6210

**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: _____

AS-BUILT PLANS MUST BE RECEIVED BEFORE THE CERTIFICATE OF COMPLIANCE CAN BE ISSUED

CERTIFICATE OF COMPLIANCE FOR AN INDIVIDUAL COMPONENT

The undersigned hereby certify that the _____

by: _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved

Component Repair Permit _____ dated _____.

Health Agent's Signature: _____ Date: _____