



Town of Boylston-Board of Health
221 Main Street
Boylston, MA 01505
Tel (508) 869-6828; Fax (508) 869-6210

Construction Permit Application Commercial Use Only

CONSTRUCTION/INSPECTION PERMIT

1. Fill out sections below for Property Location and Owner's Name and Installer's Name, Address and License #.
2. Indicate what kind of permit is being applied for by checking the appropriate box next to the **FEES**.
3. Just below the Fee section, complete the date of BOH approved plans, if installing a new or upgraded system, or provide details of the component(s) to be repaired.
4. Installer must sign and date application. Also, make a note of the requirement that installer must provide an "As Built" plan.
5. Submit application and payment to: Board of Health, 221 Main Street, Boylston MA 01505.
6. Make checks payable to Town of Boylston. Fee is non-refundable.

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|--|--|--------------------|------------------------|-------------------------|
| Property Location and Owner's Name | FEES | PERC RATE @ | <u>0-30 MPI</u> | <u>31-60 MPI</u> |
| Assessor's Map and Parcel ID | Construction Permit: (CHECK ONE) | | | |
| Builder's Lot # (if Applicable) | <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Upgrade System \$500 <input type="checkbox"/> \$500 <input type="checkbox"/> | | | |
| PRESBY CERTIFICATION # (REQUIRED) | DIG SAFE # (if Applicable) | | | |

| | | | |
|--------------------|---|--------------------------------|--------------------------------|
| Installer's Name | Component Repair Permit: (CHECK ONE) | | |
| Address | <input type="checkbox"/> Septic Tank Repair | \$100 <input type="checkbox"/> | \$100 <input type="checkbox"/> |
| City/State/Zip | <input type="checkbox"/> Replacement Only | \$100 <input type="checkbox"/> | \$100 <input type="checkbox"/> |
| Telephone # | <input type="checkbox"/> D-Box or Line Repair/Replace | \$100 <input type="checkbox"/> | \$100 <input type="checkbox"/> |
| Boylston License # | | | |

****IMPORTANT NOTES TO INSTALLER****

1. If there are any deviations between the site conditions and the approved plan, it is your responsibility to notify both the Sanitation Agent and the design engineer for approval to continue construction.
2. Inspection requires a minimum of 24-hour notice to the Sanitation Agent and certifying engineer.
3. You must provide the Board of Health with a copy of an "As-Built" plan on a sheet of paper measuring at least 8½" x 11" bearing your letterhead, the property location (street name & number) and the applicant's name. Measurements must include ties from 2 corners of the foundation to center of septic tank, center of d-box and end of trenches or bed.

Installer's Signature _____ Date _____

CERTIFICATE OF COMPLIANCE

NOTE: All requests for Certificates of Compliance must be made within 60 days of completion of construction and final inspection.

Submit the following items:

- | | | | |
|--|--------------------|--------------------------------|--------------------------------|
| 1. Engineer's Stamped "As Built" Plan (minimum of two copies) | PERC RATE @ | <u>0-30 MPI</u> | <u>31-60 MPI</u> |
| 2. Installer's "As Built" Plan (on attached BOH Form) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Certificate of Compliance (on DEP Approved Form) signed by Engineer and Installer | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Check made payable to Town of Boylston | | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$100 |

Sign this section of application and mail with required "As Built" plans, partially completed Certificate of Compliance and payment to: Board of Health, 221 Main Street, Boylston MA 01505.

Applicant's Signature _____ Date _____



Town of Boylston
221 Main Street
Boylston, MA 01505
Tel (508) 869-0143 X 222 (Main)
508-869-6828 (Direct)
Fax (508) 869-6210
Email: boh@boylston-ma.gov

INSTALLER AS-BUILT CERTIFICATION FORM

Location: _____
Name of Applicant/Owner: _____
Name of Design Engineer: _____
Date of Design: _____ BOH Approval Date: _____
EXCAVATION: Date: _____ Length & Width: _____

COMPONENTS

TANK (Septic, Tight Tank, Waste Water Holding Tank): Size Installed: _____ gallons

Origin of Tank: _____

If utilizing existing tank, was tank structurally sound? . Baffles/Tees/Gas Traps Installed? _____

Audio & visual alarms? _____ (attach Electrical Permit and approval from town Electrical Inspector)

DISTRIBUTION BOX: Number of Outlets: _____ Additional Unused Outlets Cemented? _____

Tee Required? _____ Tee Installed? _____ Origin of D-Box: _____

PUMP CHAMBER (if applicable): Size: _____ gallon Was Design Pump Installed? _____

Audio & visual alarms? _____ (attach Electrical Permit and approval from town Electrical Inspector)

STONE DATA (if applicable):

Amount of 1 1/2" Stone Installed: _____ Origin of Stone: _____

Amount of 2/8" Stone Installed: _____ Origin of Stone: _____

Was all stone installed double washed? _____ (attach copy of slip showing type and origin)

SEWER SAND (SEPTIC SAND) (if applicable):

Amount of Sand Installed: _____ Origin of Sand: _____

Was sand free from rocks and other debris? _____ (attach copy of slip showing type and origin)

CERTIFICATION OF SEPTIC SYSTEM FILL MATERIAL:

Name of Company providing Material: _____

Address: _____

Phone: _____

ATTACH COPY OF THE MOST RECENT TITLE 5 TESTING (NO LATER THAN 2 MONTHS)

[illegible][illegible]

Signature of INSTALLER

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