

Boylston Board of Health

APPLICATION FOR ADDITIONS & ALTERATIONS

FEE: \$50.00

In addition to this application, you must also submit a hand drawn sketch (does not have to be to scale), showing all the heated rooms in the house on ALL floors, including basements, attics, and lofts. Make sure to indicate the access between rooms and whether there are doors or not.

Change of use must be properly documented by an appropriate professional.

Street Address _____

Description of Alteration _____

SEPTIC SYSTEM: System Size based on _____ GAL/ _____

Number of Bedrooms **Prior** to Project _____ Number of Bedrooms **After** Completion of Project _____

Assessor Map/Parcel # _____ Lot Size _____/Acres or Square Feet
(circle one)

You must pay the amount stated in cash or by check made payable to the Town of Boylston before this application will be considered or reviewed.

It is required that the system location and system capacity be determined and accurately drawn on a plan; engineered plans may also be required. If engineered plans are required, the request will be treated as a new Sewage Disposal System.

Signature _____ Date _____

Printed Name _____ ☐ Owner ☐ Agent for Owner

☐ Approved ☐ Denied Reviewed by _____ Date _____