



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

## **Construction Permit Application** **Residential 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.

Property Location and Owner's Name	<b>FEES</b>	<b>PERC RATE @</b>	<b><u>0-30 MPI</u></b>	<b><u>31-60 MPI</u></b>
Assessor's Map and Parcel ID	Construction Permit: <b>(CHECK ONE)</b>			
Builder's Lot # (if Applicable)	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Upgrade System \$250 <input type="checkbox"/> \$300 <input type="checkbox"/>			
<b>PRESBY CERTIFICATION # (REQUIRED)</b>	<b>DIG SAFE # (if Applicable)</b>			

Installer's Name	Component Repair Permit: <b>(CHECK ONE)</b>		
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)                        | <b>PERC RATE @</b> | <b><u>0-30 MPI</u></b>        | <b><u>31-60 MPI</u></b>        |
| 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"/> \$50 | <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

Page 2 of 2