

BOARD OF HEALTH
18 Main St.
Hopkinton, MA 01748
Telephone (508) 497-9725

DATE _____

NAME _____ proposes to construct

a **(describe project)** _____

at _____ and requests Board of Health review

(Street Address)

and approval for the Building Permit.

If the addition or renovation increases bedrooms the septic system capacity must be determined in compliance with Title V provisions.

In order to determine if the proposed project meets state and local setback requirements, the applicant must submit a plot plan which locates the proposed project and the distances from the project to property lines, wells, septic system components (septic tank, distribution box, and leaching field).

Homeowner Signature _____ Phone _____

Address _____

Contractor Signature _____ Phone _____

Address _____

BOARD OF HEALTH ACTION

Health Agent _____ Date _____

Approved _____

Disapproved _____

Comments _____

Board of Health approval means that the proposed project is in compliance with public health set back requirements based on the information presented. The purpose of this review is to help the owner maintain setbacks so there will be no negative impact on the drinking water and septic systems.