TOWN OF DOUGLAS
BOARD OF HEALTH
29 DEPOT STREET
DOUGLAS, MA 01516

508-476-4000 Ext. 352
508-476-0023 FAX
508-476-1619 TTY

Permit #: _____*(given by BOH)*

CERTIFICATE OF COMPLIANCE

COMPONENT REPLACEMENT AND/OR REPAIR

Address of Property: _____

Name of Installer: _____

Component Replaced / Repaired Description: _____

_____

_____

Date of Replacement: _____

Signature of Licensed Installer: _____ Date: _____

Signature of Design Engineer: _____Date:_____
(if required)

Signature of BOH Agent: _____ Date: _____
(Visual Only)

_____

Sketch Plan: