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

Douglas Permit # _____
(Obtain from Application for soils testing)

PLAN REVIEW APPLICATION COMPLETENESS FORM

THIS FORM **MUST BE** SUBMITTED WITH ALL PLANS **(INCLUDING REVISIONS)** TO COMPLETE THE REVIEW PROCESS. ALL AREAS MUST BE FILLED OUT AND COMPLETE PRIOR TO SUBMITTAL. MISSING INFORMATION WILL RESULT IN APPLICATION REJECTION – NO REVIEW
ALL PLANS **MUST** BE FOLDED SEPERATELY FOR SUBMISSION

The permit number was given by the Board of Health at the time of soils testing. It is to be shown on all documents, letters etc.

1. SITE INFORMATION: Location: _____
(Include Street #)

Applicant/owner: _____

Date of plan: _____ Engineer: _____

2. TYPE OF PLAN: _____ New construction _____ Repair

1st Submittal: _____ YES _____ NO (if no then attach review sheet from prior review)

3. TYPE OF SYSTEM:

_____ Conventional System: Septic Tank, d-box, SAS

_____ Aggregate Free: Septic Tank, d-box, _____ Infiltrator system
_____ Cultec system

_____ Presby System (submit copy of Presby Certificate & all applicable Presby forms)

_____ Other (describe)_____
(attach DEP approval letters)

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4. UPGRADE/ VARIANCE REQUESTS: If not applicable check here: _____

Local Upgrades pursuant to 310CMR 15.401

_____ Letter requesting reason and application for upgrade

_____ DEP Form 9A submitted

Abutter notification (choose one)

_____ Local upgrade requiring abutter(s) notification –Public Hearing required
Note: Notification to abutters shall be provided at least 10 days prior to the Board of Health meeting where the hearing is to take place where the application is for the reduction in the setback from a property line or from a private water supply well.
Hearings will not be scheduled until septic plan is approved.

_____ Local upgrade not requiring abutter(s) notification.
The Board of Health may require a meeting to approve the upgrade request.
Hearings will not be scheduled until septic plan is approved.

Local variance requests

_____ Request to a **Local** bylaw or regulation.
Submit a letter stating the reason for not being able to comply with the Local Bylaw or regulation. Cite regulation number where variance is requested.
The Board of Health will require a meeting to approve the upgrade request.
Hearings will not be scheduled until septic plan is approved.

State variance requests pursuant to 310CMR 15.410

_____ State Variance requires all abutter(s) surrounding the property to be notified –Public Hearing required

_____ A letter is to be submitted with this review requesting the variance and reason for the variance.
Note: Notification to abutters shall be provided at least 10 days prior to the Board of Health meeting where the hearing is to take place.

Hearings will not be scheduled until septic plan is approved.