

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)

APPLICATION FOR REQUEST FOR PLAN REVIEW

FEE: \$175.00

DATE: _____

(Checks made payable to the Town of Douglas)
This fee covers 1st and 2nd reviews of plans submitted.
Subsequent reviews when necessary will be charged a fee of \$75.00 per review.

(Town of Douglas Plan Review Application Completeness Form must be submitted with this application)

I HEREBY MAKE REQUEST TO THE DOUGLAS BOARD OF HEALTH FOR A PLAN REVIEW
OF A SUBSURFACE SEWAGE DISPOSAL SYSTEM LOCATED AT:

THE CURRENT OWNER OF THIS PROPERTY IS _____

DESIGN ENGINEER _____

AT COMPLETION OF PLAN REVIEW PLEASE CONTACT:

NAME: _____ **PHONE #:** _____

EMAIL ADDRESS: _____

Signature of Owner/Agent