



# TOWN OF CHARLTON

37 MAIN STREET  
CHARLTON, MA. 01507  
508-248-2210

## BOARD OF HEALTH

Charlton Permit # \_\_\_\_\_  
(Obtain from Application for soils testing)

### APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

Location	Owner's Name
Map/Parcel #	Address
Lot #	Telephone #
Soil Evaluator	Design Engineer
Address	Address
Telephone #	Telephone #

Plan: Date \_\_\_\_\_ Number of sheets \_\_\_\_\_

Title of Plan: \_\_\_\_\_

**Description of Repairs and/or Alterations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....  
*For office use Only:*

Application Approved

Date Issued: \_\_\_\_\_ Board of Health : \_\_\_\_\_