



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 REQUEST FOR PLAN REVIEW

FEES: (2 checks) Residential: \$75.00 & \$125.00
Commercial: \$75.00 & \$225.00

DATE: _____

(Checks made payable to the Town of Charlton – **FEES ARE NON REFUNDABLE**)

This fee covers 1st and 2nd reviews of plans submitted.

Subsequent reviews when necessary will be charged a fee of \$50.00 per review.

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

I HEREBY MAKE REQUEST TO THE CHARLTON 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