



# TOWN OF CHARLTON

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

## BOARD OF HEALTH

Charlton 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 Lot # or Street # - if Unknown put closest utility pole # to test site)

Applicant/owner: \_\_\_\_\_

Date of plan: \_\_\_\_\_ Engineer: \_\_\_\_\_

**2. TYPE OF PLAN:** \_\_\_\_\_ New construction \_\_\_\_\_ Repair

1<sup>st</sup> 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)

TOWN OF CHARLTON  
BOARD OF HEALTH

PLAN REVIEW APPLICATION COMPLETENESS FORM

PAGE 2

**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.*