



Karen A. Walega
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Health Director

TOWN OF ROCHESTER

Board of Health

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Sarah T. Eby
MHA, BSN, RN
Chair

Glenn Lawrence
Vice Chair

Dale Barrows
Clerk

Connie Dolan, RN
Public Health Nurse

APPLICATION FOR TITLE V INSPECTIONS

Printed Name of Applicant: _____

Name of Business: _____

Address of Business: _____

Telephone: _____

Cell Phone: _____

Email: _____

Payment due with application

\$25.00

Certification of Insurance for Workers' Compensation is required and must be attached to this application.

Failure to abide by the Rochester Rules and Regulations may result in license suspension or revocation.

I fully understand that Title V Inspections are licensed by the Board of Health, according to Section 15.34o of the Rochester Rules and Regulations. In addition, groundwater shall be determined by soil evaluations for a D.E.P. soil evaluator if the in the opinion of the Board of Health, or its agent that groundwater cannot be determined through available records. Any mottles observed shall be noted for record and used as groundwater evaluation.

FEDERAL IDENTIFICATION

FID SSN EIN

Signature of Applicant: _____ Date: _____

Office Use Only

Payment: _____ **Permit #:** _____ **Approved by:** _____ **Date:** _____