



Town of Rochester

Board of Health

37 Marion Rd, Rochester MA 02770

Phone: 508-763-5421

Fax: 508-763-5379

www.townofrochestermass.com

Date: _____ Date Received: _____

Owner's Name: _____ Telephone#: _____

Address: _____

Applicant Name: _____

Address: _____

Project Address: _____

Plan: _____ Lot: _____

Proposed Project: _____

Applicant's Signature: _____

ADDITIONAL INFORMATION IS NECESSARY TO ISSUE A BUILDING PERMIT

Signature: _____

After reviewing the information provided by the applicant, the Board of Health has determined that this project complies with the requirements of Title V and the Rochester Board of Health regulations.

Signature: _____

Applicants must submit all building requests with a plot plan showing the dimensions of the proposed project and the location of the septic system.