



Town of Rochester

Board of Health

37 Marion Road, Route 105, Rochester MA 02770

Phone: (508) 763-5249 * Fax: (508) 763-537,9

Site Plan Review Fee: \$50.00

Accessory Structures, Additions & Pools only

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

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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 permit requests with a plot plan showing the dimensions of the proposed project and the location of the septic system.