



BOARD OF HEALTH

CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083 • Tel. 413- 436-5701 ext. 112

TOWN OF WARREN PERCOLATION PERMIT APPLICATION

Date: _____ Permit Number: _____ Fee: \$250.00 Check# _____

1. Owner: _____

2. Phone Number: _____

3. Location: _____

4. Map: _____ Lot: _____

5. Owner Address: _____

6. Phone: _____

7. Contractor: _____ Phone: _____

8. Engineer: _____ Phone: _____

9. Do you intend to build a house? _____ Do you intend to sell the lot? _____

10. Is this lot located in an area under the control of local planning, zoning, or other officials? _____

a. If so, have these plans been approved or disapproved by such governing bodies? _____

11. Proposed method of supplying water? _____

12. Applicant's Signature: _____

13: Date of Request: _____

Approved by: _____ Date of Approval: _____ Pass _____ Fail _____

If the excavator or engineer fails to appear at the scheduled time and date, the fee will be forfeited.

*In the event of a cancellation, applicant must notify the Board of Health a minimum of 24 hours prior to the testing time. Weather conditions will be considered with last-minute cancellations.

Disposal Works Construction Permit Fee \$250.00 Includes: Plan Review Final Inspection Disposal Works Permit

Well Permit - \$75.00