

Office of the
BOARD OF HEALTH
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Townsend, Massachusetts 01469

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BOARD OF HEALTH INTERDEPARTMENTAL REFERRAL FORM

THIS FORM SHALL BE USED TO MEET THE REQUIREMENT OF TOWNSEND BOARD OF HEALTH
SUB SURFACE SEWAGE DISPOSAL REGULATIONS, SECTION 10.9.

APPLICANTS INFO

NAME: _____
ADDRESS: _____
TELEPHONE: _____
EMAIL: _____

SUBJECT PROPERTY INFO

ADDRESS: _____
MAP/PARCEL: _____

-
- ☐ NO WETLANDS INVOLVED
☐ MUST FILE WITH CONSERVATION
☐ OTHER: _____

SIGNATURE OF CONSERVATION COMMISSION: _____ DATE: _____
DESIGNER: _____
PLAN NUMBER: _____
PLAN REVISION DATE: _____

THE SUBJECT PROPERTY IS UP TO DATE ON TAXES.

SIGNATURE OF TAX COLLECTOR: _____ DATE: _____

REMARKS: _____

Regulation 10.9

- 10.9 Interdepartmental Approval: No permit shall be issued until the Board of Health Interdepartmental Referral Form has been signed by the applicable departments and submitted to the Board. It shall be the responsibility of the applicant to collect these signatures and submit this form to the Board. This regulation shall not apply to emergency repairs as defined by 310 CMR 15.000.