Town of Rowley Board of Health 39 Central Street P. O. Box 783 Massachusetts 01969



Tel: (978) 948 - 2231 Fax: (978) 948 - 7196 health@townofrowley.org

## **NEW LOTS AND/OR EXPANSION\* TO EXISTING DWELLING**

\*Per Title 5, 310 CMR 15.352 SOIL AND PERCOLATION TESTING APPLICATION

STREET LOCATION:	MAP:	BLOCK:	LOT:	
NAME OF LEGAL OWNER:				
Mailing Address of Legal Owner:				
Signature of Legal Owner:				
Applicant Name:	Date:			
E-Mail Address:	Tel:			
PROPOSED NUMBER OF BEDROOMS OR C	COMMERCIAL DESIGN F	LOW:		
<ul> <li>Provide a map showing location of the prop Proposed subdivision lines should be detern Contact the BOH office before submittal for</li> </ul>	mined before testing. Testing			
• Are there jurisdictional wetlands present w	ithin 100 feet of the testing a	rea? Yes N	0	
<ul> <li>Provide a copy of this application and site in RDA, NOI, or other filing required by the O</li> </ul>				
One of these documents (RDA, ANRAD, No application submittal***All New Constructi Commission approval with the perc testing a	on and Expansion are requ			
Engineering Firm Name:				
P.E. / R.S. responsible for the project:				
Engineering Firm's Mailing Address:				
Engineering Firm's Telephone No.:	E-mail:	E-mail:		
Certified Soil Evaluator on-site:	Cell N	Cell No.:		
P.E. or R.S. Signature:	Date:			
Date Application Completed \$500 Fe	e Check No.:S	Scheduled Date:		