



TOWN OF WESTON

Board of Health
11 Town House Road
P.O. Box 378
Weston, MA 02493

Tel: 781-786-5030
Fax: 781-786-5039

Review Fee: \$ <u>250.00</u>	Commercial <u>500.00</u>
Check # _____	Cash ()
Permit # <u>REV</u> - _____ - _____	

Application for Disposal System Construction Permit

Application for a permit to **Construct** [] **Upgrade (Failing)** [] **Upgrade (Addition)** []

A Stormwater Permit is Required for All Septic System Installations and has been applied for: Yes () No ()

Site Address: _____

Assessor Map/Parcel# _____ Builder's Lot # _____

Owner

Designer

Name:	Name:
Company:	Company:
Address:	Address:
Phone #	Phone #
Fax #	Fax #
Email:	Email:

Type of Building: Residential () Commercial () Institutional () School () Other ()
 No. of Bedrooms: _____ Lot Size: _____ sq. ft. Garbage Grinder _____
 No. of Persons _____ Showers _____ Cafeteria _____ Other Fixtures _____
 Design Flow (min. required) _____ gpd Design flow provided _____ gpd
 Soil Evaluator: _____ Date(s) of Evaluation _____
 Type of Soils: Sand () Loamy Sand () Sandy Loam () Loams () Silt Loam () Clays ()
 Design Perc Rate: _____ mpi Depth to groundwater: _____

Installer's Name	Installer's Cell Phone
Installer's Company	Installer's Email

Installer's Signature: _____ Date: _____

Board of Health Use Only: Septic Permit # <u>SEP</u> - _____ - _____		
Fee: Residential <u>\$700.00</u>	Commercial <u>\$2,500.00</u>	Check # _____ Cash ()
Plan Approved By: _____	Approval Date: _____	Expiration Date: _____