

**TOWN OF HOLLISTON - BOARD OF HEALTH  
APPLICATION FOR SEPTIC SYSTEM OR UPGRADE**

Application and plans shall not be considered submitted or stamped "RECEIVED" until this form is filled out completely and signed by the applicant, the soil evaluation forms and 4 copies of the plan are submitted, and all fees paid.

Basic Application Fee \$ \_\_\_\_\_ Date of Submittal \_\_\_\_\_ Permit # \_\_\_\_\_  
(to be completed by Office)

Pump System \$ \_\_\_\_\_ Plan Revision \$ \_\_\_\_\_ Previously Approved Plan \$ \_\_\_\_\_

Variance/Local Upgrade \$ \_\_\_\_\_ Bldg. Relocation \$ \_\_\_\_\_ Transfer \$ \_\_\_\_\_

If Innovative/Alternate System, specify type: \_\_\_\_\_

Plan Dated: \_\_\_\_\_ Revision Dates: \_\_\_\_\_

**IS SYSTEM DESIGNED FOR GARBAGE GRINDER?** Yes No

**IS PROPOSED SEPTIC SYSTEM WITHIN IS 100' OF WETLANDS OR WITHIN 200' OF A PERENNIAL STREAM?  
IF YES – MUST GO TO CONSERVATION COMMISSION.**

Application is hereby made for a permit to locate and construct ( ) or upgrade ( ) an individual sewage disposal system as shown on the plans annexed here at:

Address of Property \_\_\_\_\_ Map # \_\_\_\_\_ Assessor's Block # \_\_\_\_\_ Lot # \_\_\_\_\_  
Street No. Street Name Lot No.

**Owner:** Name \_\_\_\_\_ Tel # \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

**Applicant:** Name \_\_\_\_\_ Tel # \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

**Engineer:** Name \_\_\_\_\_ Tel # \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Type of Facility \_\_\_\_\_

IF A DWELLING: Number of Bedrooms \_\_\_\_\_ Total Number of Rooms \_\_\_\_\_

Design Flow if Not a Dwelling \_\_\_\_\_ GPD

Reason for upgrade or revision \_\_\_\_\_

The undersigned acknowledges that he/she must, before commencing construction or use of the system which is the subject matter of this application, secure any and all other permits which may be required by the laws of the Town of Holliston and the Commonwealth of Massachusetts, including wherever applicable, an Order of Conditions from Conservation Commission, a building permit, a plumbing or gas permit, any variances or special permits from the ZBA, any Planning Board approvals as well as approval from the Board of Health upon completion. It is also acknowledged that a person or firm having a permit to install such systems in the Town of Holliston must install the system.

**SIGNATURE OF OWNER:** \_\_\_\_\_