



Board of Health  
Sutton Municipal Center  
4 Uxbridge Road  
Sutton, Massachusetts 01590  
Tel: 508-865-8724  
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## BOARD OF HEALTH

Sutton Permit # \_\_\_\_\_

(To be submitted with plan review)

(Obtained from Application for soils testing)

### APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

Application for a Permit to: Construct ☐ Repair ☐ Upgrade ☐ Abandon ☐

☐ Complete System

☐ Individual Components (check box) *SAS not included*

Septic Tank ☐  
D-Box ☐  
Pump Chamber ☐  
Other ☐

explain \_\_\_\_\_

Location	Owner's Name
Map/Parcel #	Address
Lot #	Telephone #
Soil Evaluator	Design Engineer
Address	Address
Telephone #	Telephone #

Plan: Date \_\_\_\_\_ Number of sheets \_\_\_\_\_

Title of Plan: \_\_\_\_\_

Description of Repairs and/or Alterations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*For office use Only:*

☐ Application Approved

Date Issued: \_\_\_\_\_ Board of Health : \_\_\_\_\_