



Board of Health
Sutton Municipal Center
4 Uxbridge Road
Sutton, Massachusetts 01590
Tel: 508-865-8724
Fax: 508-865-8721

BOARD OF HEALTH

Sutton Permit # _____
(Obtain from Application for soils testing)

APPLICATION FOR REQUEST FOR PLAN REVIEW

FEES: Residential: \$300.00
Commercial: \$400.00

DATE: _____

(Checks made payable to the Town of Sutton)

This fee covers the Initial Review and a 1st Revision of plans submitted.

Subsequent reviews when necessary will be charged a fee of \$150.00 per review.

(Town of Sutton Plan Review Application Completeness Form must be submitted with this application)

I HEREBY MAKE REQUEST TO THE SUTTON BOARD OF HEALTH FOR A PLAN REVIEW
OF A SUBSURFACE SEWAGE DISPOSAL SYSTEM LOCATED AT:

THE CURRENT OWNER OF THIS PROPERTY IS _____

DESIGN ENGINEERING COMPANY _____

AT COMPLETION OF PLAN REVIEW PLEASE CONTACT:

ENGINEER NAME: _____ **PHONE #:** _____

DESIGN ENGINEER EMAIL ADDRESS: _____

Signature of Owner/Agent