

LOCAL UPGRADE/ VARIANCE REQUESTS: If not applicable, please check here: ☐

Local Upgrades pursuant to 310CMR 15.401

- ☐ Letter requesting reason and application for upgrade
- ☐ DEP Form 9A

Abutter notification (choose one)

- ☐ Local upgrade requiring abutter(s) notification –Public Meeting required

Note: Notification to abutters shall be provided at least 10 days prior to the Board of Health meeting where the application is for the reduction in the setback from a property line or from a private water supply well. ***The Local Upgrade will not be placed on a BOH Agenda until the septic plan has been approved.***

- ☐ Local upgrade not requiring abutter(s) notification.

The Board of Health may require a meeting to approve the upgrade request. ***The Local Upgrade will not be placed on a BOH Agenda until the septic plan has been approved.***

Local variance requests

- ☐ Variance from a **Local** bylaw or regulation.

Submit a letter stating the reason for not being able to comply with the Local Bylaw or Regulation. Cite regulation number where variance is requested. The Board of Health will require a meeting to approve the upgrade request. ***The Local Variance will not be placed on a BOH Agenda until the septic plan has been approved.***

State Variance requests pursuant to 310CMR 15.410

- ☐ State Variance requires all abutter(s) surrounding the property to be notified. **A PUBLIC HEARING IS REQUIRED**

A letter is to be submitted with this review requesting the variance and the reason for the variance.

Note: Notification to abutters shall be provided at least 10 days prior to the Board of Health meeting where the Hearing is to take place. ***The Public Hearing will not be placed on a BOH Agenda until the septic plan has been approved.***

For Board of Health use only

Date of Submittal: _____

- ☐ Application is Complete (Chapter 111 § 31E of the Annotated Laws of Massachusetts state that a Board of Health shall act upon a completed application for construction of an on-site sewage disposal system within 45 days from the date of the filed completed application.)
- ☐ Application is **NOT** complete. The highlighted areas are incomplete – ***the 45-day review period has NOT begun.***

<p>The Board of Health shall not be held responsible for the care and handling of incomplete plan review application packages left in their care.</p>
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