



TOWN OF NORTHBRIDGE
BOARD OF HEALTH

7 Main Street
Whitinsville, MA 01588
Phone (508) 234-3272 Fax# (508) 234-0821

PERMIT #: _____

REQUEST FOR PLAN REVIEW

FEE: \$200.00

(Check made payable to the Town of Northbridge)

This fee covers 1st and 2nd reviews of plans submitted.

Subsequent reviews when necessary will be charged a fee of \$75.00 per review.

DATE: _____

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

THE CURRENT OWNER OF THIS PROPERTY IS _____

DESIGN ENGINEER _____

AT COMPLETION OF PLAN REVIEW PLEASE CONTACT:

NAME: _____ **PHONE #:** _____

Signature of Owner/Agent