



TOWN OF NORTHBRIDGE
BOARD OF HEALTH

Aldrich School Town Hall Annex - 14 Hill Street
Whitinsville, MA 01588
Phone# (508) 234-3272 Fax# (508) 234-0821

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

APPLICATION – PLAN REVIEW REQUEST

DATE: _____

FEE: \$ 250.00

(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 \$125.00 per review.

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 _____

☐ I have attached the **Town of Northbridge Plan Review Application Checklist** Form.

AT COMPLETION OF PLAN REVIEW PLEASE CONTACT:

NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

Signature of Owner/Agent