



TOWN OF DOVER
BOARD OF HEALTH
 5 Springdale Avenue
 P.O. Box 250
 Dover, MA 02030

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DOVER BOARD OF HEALTH PROJECT EVALUATION FOR BUILDING PERMIT
DWELLING - ADDITIONS - ALTERATIONS - RENOVATIONS

Date Received: _____ FEE: \$150.00 Made payable to the Town of Dover submitted to the Board of Health office. Please submit an additional copy to the Building Dept.

Project address: _____

Contractor's name: _____ Tel: _____

Contractor's address: _____

Owner's name: _____ Tel: _____

Owner's signature: _____

Is there a change in the Building Footprint? _____ Yes _____ No

How many rooms are in the house? (Do not count bathrooms, closets, hallways, unfinished basements and unheated storage areas over the garage).

EXISTING NUMBER OF ROOMS: _____ NUMBER OF ROOMS TO BE ADDED: _____

EXISTING NUMBER OF BEDROOMS: _____ NUMBER OF BEDROOMS TO BE ADDED: _____

If any new rooms are created, include a neat drawing of structure delineating the before and after of the addition.

What is the square footage of interior or exterior change in footprint? _____ sq. ft.

The building must have a SEPTIC TANK in compliance with Title V in gallonage: _____

A "to scale" plot plan (neatly drawn or other) must be submitted with the request showing:

- Property line.
- Existing structure(s) footprint (labeled).
- Proposed change(s).
- Location of septic tank and leaching field (labeled).
- Location of well or waterline.
- Type of foundation: _____ full basement; _____ slab; _____ post or columns
- Setback of addition to septic tank, leaching area, or cesspool.

Board of Health Action Date: _____ Approved: _____ Denied: _____

Reason for denial or other comments or conditions: _____

Board of Health Director: _____