



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

Office: 508-785-0032, Ext. 232  
 Fax: 508-785-8114  
 Email: boh@doverma.gov

**REQUEST FOR HEARING BEFORE THE BOARD OF HEALTH**

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Property Address** \_\_\_\_\_

**ALL PLANS MUST BE SUBMITTED 2 WEEKS PRIOR TO MEETING DATE FOR AGENT REVIEW.**  
**All abutters notification, if public hearing is requested, must be sent certified mail 10 days before hearing, present return receipts and copy of notification at least 4 days before meeting.**

Check all that apply: If a return is recommended by the Board only one fee will be collected.

<input checked="" type="checkbox"/>	Type of Hearing	To be Provided by the Applicant	FEE
<input type="checkbox"/>	Local Upgrade Approval  Designer Name: _____	<ul style="list-style-type: none"> <li>• Copy of "failed" inspection report.</li> <li>• Evidence that proposed system meets maximum, feasible compliance. Phone: _____</li> <li>• A list of available alternative technologies that would allow the system to be built with local upgrade approval if needed.</li> </ul>	\$100.00
<input type="checkbox"/>	Variance from Title 5	<ul style="list-style-type: none"> <li>• Evidence that strict enforcement of Title 5 would be manifestly unjust.</li> <li>• Evidence that equivalent level of environmental protection can be achieved.</li> </ul>	\$100.00
<input type="checkbox"/>	Variance from Local Regulation <input type="checkbox"/> Septic <input type="checkbox"/> Wells <input type="checkbox"/> Pool	<ul style="list-style-type: none"> <li>• Evidence that strict enforcement of local regulation would do manifest injustice.</li> <li>• Evidence that variance would not conflict with sprit of local regulation.</li> </ul>	\$100.00
<input type="checkbox"/>	Deed Restriction Request Information Needed for Deed Restriction: Name(s) on Deed, Date of Deed, Book and Page Number, Reason for Request. _____ _____ _____		\$100.00

**For Office Use Only:**

Date of Application: \_\_\_\_\_ Filing Fee Paid: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_