



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

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Fax: 508-785-8114  
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**PERMIT APPLICATION TO CONSTRUCT**  
**or ALTER A SUBSURFACE SEWAGE DISPOSAL SYSTEM**

Please check one: ( ) NEW ( ) REPAIR ( ) UPGRADE

**PERMIT IS VALID FOR 1 YEAR FROM DATE OF APPROVAL - ALL FEES ARE NON-REFUNDABLE (After 1 Year, Additional Fees will be Charged)**

**Basic Application Fees are Primarily Review Fees; Construction Inspection/Review Fees are an Additional Cost**

**Date Received:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_ **Permit No:** \_\_\_\_\_

I hereby petition the Board of Health of Dover for a permit to construct or alter [check which applies]:

( ) Complete System ( ) Individual Components ( ) ejector pump, in a manner to comply with Title 5 and the Town of Dover, Board of Health Regulations, subject to such further conditions and requirements as may be stated in any Deed Covenant and on Approved plans for construction:

Property Street Address: \_\_\_\_\_ or Lot Number \_\_\_\_\_

Owner's Name (Print Clearly): \_\_\_\_\_ Tel #: \_\_\_\_\_

Owner's Email address (Print Clearly): \_\_\_\_\_

I agree that:

- The work Approved by the Board of Health will be started within 60 days of the permit approval date or such time frame acceptable to the Board of Health. Failure to do so will result in legal action to enforce the start and completion of the Approved work and I will be totally responsible for any and all costs incurred by the Board of Health in this matter.
- The Design Engineer (or Registered Sanitarian for systems under 2000 GPD) responsible for design of the system may represent me at meetings if I cannot be present, and that any other "representative" must provide written proof of authorization to represent me;
- I will abide by the Board's extension of any "public hearing" and the 45-day review time shall begin after the close of any public hearing; no work may be started until the Deed Covenant has been filed.
- I, my Engineer and my Licensed Septic System Installer will comply with all requirements of Title 5 and Town of Dover Board of Health Regulations and any approved variances and Deed Covenants, and special conditions of the Permit and Approved Plans to construct the Sewage Disposal System within the Title 5 or Board of Health time limits. Failure to do so, shall result in additional Board of Health Fees;
- Alternative Septic System Operation Documents and Maintenance Contract shall be submitted to the Board;
- I will permit access to the site for periodic inspections of work and ensure that the system is not covered, backfilled, or concealed until any periodic and final inspections by the Board's Agent and my Engineer have been completed and abide by directives for field changes;
- I will have my Engineer inspect all aspects of the construction and prepare and submit an "As-Built" plan to the Board of Health and obtain a Certificate of Compliance from the Board of Health issued prior to the system being placed in use per Title 5. Submittals not in compliance with Title 5 are subject to additional Board of Health Inspection/Review and fees. Certificates of Occupancy will NOT be signed until the As-Built and Certificate of Compliance is received and signed by the Board of Health or its Agent. As-Built and Certificate of Compliance review time is a minimum of 20 business days, weather/schedule permitting. Any Outstanding Fees must be paid before release of Certificate of Compliance.

\_\_\_\_\_  
Licensed Company Installing Septic System

\_\_\_\_\_  
Name/Signature of Designer

\_\_\_\_\_  
Signature of Licensed Installer

\_\_\_\_\_  
Signature of Owner

Permit/Approved granted on \_\_\_\_\_ 20\_\_\_\_, See Any Deed Covenant and Approved Plans for Any Comments

Signed: \_\_\_\_\_, Board of Health Director      Date: \_\_\_\_\_