



TOWN OF CHARLTON

37 MAIN STREET
CHARLTON, MA. 01507
508-248-2210

BOARD OF HEALTH

PLAN REVIEW SUBMITTAL CHECK LIST

The following must all be submitted to consider the plan review application package complete. Please note that the 45 day review period will not commence until all required documents have been received.

1. 3 copies of design plan wet stamped by a Massachusetts Registered Professional Engineer or Registered Sanitarian
 - *plans **must be folded** and the BOH file # **must appear on each plan** in the Title Block so it can be viewed without unfolding the plan.*
2. Application for Disposal Works Construction Permit
3. Copy of Completed soils testing log *(if not already on file)*
4. Well Permit Application (if applicable)
5. Check *in appropriate amount* made payable to Town of Charlton *(non-refundable)*
(\$200 Residential, \$300 Commercial, first revision no charge, subsequent revisions \$75 each)
6. This form completely filled out.

Charlton Permit number _____ *(Obtained from Application for soils testing)*

Project Location _____ Owner _____

PE/RS _____ Design Company _____

For Board of Health use only

Date of Submittal: _____

Application complete:

Y *(Chapter 111 § 31E of the Annotated Laws of Massachusetts state that a Board of Health shall act upon a completed application for construction of an on-site sewage disposal system with 45 days from the date of the **filed completed** application.)*

N Application is not complete. The highlighted areas need to be submitted. This form will need to be resubmitted. 45 day review period has not begun.

IN THE EVENT OF AN INCOMPLETE APPLICATION PACKAGE THE BOARD OF HEALTH WILL NOT ACCEPT NOR HOLD PARTIAL SUBMITTALS. ALL ITEMS WILL BE RETURNED.