

Permit # _____

\$25.00

Town of Norton

Board of Health

Title V 310 CMR 15.301 (5)

Review of Building Plans Submitted for a Building Permit

Address of Construction: _____

Owner of Record: _____

Age of Building: _____ Date: _____

Nature of Construction: _____

Plot Plan: _____ Floor Plan: _____

Board of Health Use Only

Septic plans on file Board of Health? YES _____ No _____

Construction plans received by Board of Health? YES _____ No _____

Will Construction affect the septic system? YES _____ No _____

Title V inspection location only needed. YES _____ No _____

Construction approved by Board of Health? YES _____ No _____

Date: _____