



## Form A – Project Evaluation for Building Permit

Project Address: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact Info: office/cell/email: \_\_\_\_\_

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Project Description: Please attach on separate sheet

Is there a change to the building footprint Yes No

Is to be an ejector pump Yes No

Type of Foundation of addition (circle) Full Basement Slab Posts/Columns

### Setbacks:

Cellar wall to septic tank: 10 feet; leaching area or cess pool: 20 feet  
Slab to septic tank: 10 feet; leaching area or cess pool: 10 feet  
In-ground pool to septic tank: 10 feet; leaching area or cess pool: 20 feet  
Above-ground pool to any component of septic system: 5 feet.

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Existing Number of Rooms: \_\_\_\_\_ To be added: \_\_\_\_\_

Existing Number of Bedrooms: \_\_\_\_\_ To be added: \_\_\_\_\_

What is the area in square feet if interior addition/exterior change in footprint: \_\_\_\_\_sf

### Please note:

*If square footage over 200 sq ft, septic system must have Title 5 Inspection. Systems built prior to 1978, inspections less than two years old are acceptable. Systems built after 1978, inspections less than five years old are acceptable.*



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Please provide the following:

\_\_\_\_\_ Plot plan showing: (a) property lines,  
(b) location of septic tank and leaching area or cesspool  
(c) location of subsurface expansion area (if applicable)  
(d) location of well – labeled (if applicable)

\_\_\_\_\_ Existing & Proposed structure, neatly drawn to scale

\_\_\_\_\_ Fee: \$40.00 *checks payable to Town of Medfield*

\_\_\_\_\_ Project Description  
\_\_\_\_\_  
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Board of Health Action

Approval

Disapproval

Reason for Disapproval // Additional Conditions // Other Comments

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By: \_\_\_\_\_ Date: \_\_\_\_\_  
Environmental Agent to Board of Health