



Form A – Project Evaluation for Building Permit

Project Address: _____

Owner(s): _____

Contractor: _____

Contact Info: office/cell/email: _____

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.

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

Board of Health Action

Approval

Disapproval

Reason for Disapproval // Additional Conditions // Other Comments

By: _____ Date: _____
Environmental Agent to Board of Health