



Commonwealth of Massachusetts
Town of Granville
**Application for Disposal System
Construction Permit**
Form 1A

Number

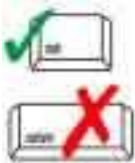
\$ 500.00

Fee (\$400 for New and Repair;
\$500 includes \$100 for Conservation Plan
Review, which not required for replacement
of existing component)

A. Facility Information

Important:

When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



Application is hereby made for a permit to: ☐ Construct a new on-site sewage disposal system
☐ Repair or replace an existing on-site sewage disposal system
☐ Repair or replace an existing system component

1. Location of Facility:

Address or Lot #

City/Town

State

Zip Code

2. Owner Information

Name

Address (if different from above)

City/Town

State

Zip Code

Telephone Number

3. Installer Information

Name

Name of Company

Address

City/Town

State

Zip Code

Telephone Number

4. Designer Information

Name

Name of Company

Address

City/Town

State

Zip Code

Telephone Number



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\$ **500.00**
Fee _____

A. Facility Information (continued)

5. Type of Building:

☐ Dwelling

☐ Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

☐ Showers

Number of showers _____

☐ Cafeteria

☐ Other fixtures

Specify other fixtures: _____

6. Design Flow:

_____ Gallons per Day

Calculated Daily Flow:

_____ Gallons

7. Plan:

_____ Date of Original

_____ Number of Sheets

_____ Revision Date

_____ Title of Plan

8. Description of Soil:

9. Nature of Repairs or Alterations (if applicable):

10. Date last inspected:

_____ Date



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\$ **500.00**

Fee

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature

Date

Application Approved By:

Name

Date

Application **Disapproved** for the following reasons:
