

Town of Salisbury

BOARD OF HEALTH

5 Beach Road

Salisbury, MA 01952

Telephone: 978-462-7839 Fax: 978-462-4176

APPLICATION FOR DEEPHOLE TEST

Date: _____

FEE: Residential \$200.00 Per Lot
Commercial \$350.00

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER(S): _____ CELL# _____

ADDRESS OF PROPERTY TO BE TESTED: _____

NUMBER OF LOTS TO BE TESTED: _____

NAME OF PROPERTY OWNER (If different from Applicant): _____

ADDRESS OF PROPERTY OWNER (If different): _____

NAME OF ENGINEER: _____

COMPANY NAME: _____

ADDRESS OF ENGINEER: _____

PHONE NUMBER(S): _____ CELL# _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH THE APPLICATION:

1. *Plot Plan of Property(s)*
2. *Soil Evaluator Certification of Engineer*
3. *Notarized letter of permission to enter property if applicant is different from owner.*
4. *Check made out to "Town of Salisbury" in the amount of \$200.00 per lot
Example: 3 lots @ \$200.00 each = \$600.00*

Print Name of Applicant

Signature of Applicant

RECEIVED

