

# 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

