

TOWN OF SALISBURY

HEALTH DEPARTMENT

5 Beach Road

Salisbury, MA 01952

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

APPLICATION TO REQUEST INSPECTIONS

Please Print

Residential: \$200

Commercial: \$300

Name of Installer _____

Date _____

Property Address to be Inspected _____

Mailing Address _____

Telephone Number _____ Cell Phone _____

DWCP # _____

This application is a request to have the required inspections performed relative to installation of a septic system or components of a septic system at the above property address. The Health Agent performing inspections shall determine what inspections are necessary and will schedule the inspections accordingly.

Name

Date

Signature

RECEIVED

FOR OFFICE USE ONLY

Name of Inspector _____

Date

Type of Inspection

Comments

System has been inspected and completed _____ Date _____

Signature of Inspector