



**Town of Rochester  
Board of Health**

1 Constitution Way, Rochester MA 02770  
Phone: 508-763-3871 Fax: 508-763-4892

**Site Plan Review Fee: \$25.00**  
**Accessory Structures, Additions & Pools only**

Date: \_\_\_\_\_ Date Received: \_\_\_\_\_

Owner s Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Project Address: \_\_\_\_\_

Plan: \_\_\_\_\_ Lot: \_\_\_\_\_

Proposed Project: \_\_\_\_\_

Applicant s Signature: \_\_\_\_\_

**ADDITIONAL INFORMATION IS NECESSARY TO ISSUE A BUILDING PERMIT**

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

After reviewing the information provided by the applicant, the Board of Health has determined that this project complies with the requirements of Title V and the Rochester Board of Health regulations.

Signature: \_\_\_\_\_

Applicants must submit all building permit requests with a plot plan showing the dimensions of the proposed project and the location of the septic system.