



TOWN OF MENDON

BOARD OF HEALTH

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

REQUEST FOR ADDITIONAL SEPTIC DESIGN PLANS REVIEW

FEE: \$125 (Check payable to: Town of Mendon)

Date: _____

I hereby make a request to the Mendon Board of Health for an additional review of the Disposal System Construction Plans previously submitted and approved:

Property Location

Type of Plan for Additional Review

☐ NEW/REPAIR PLAN(s) ☐ AS-BUILT PLAN(s)

Date of Plan Approval

Name of Design Plan Engineer

Phone Number

Reason for Additional Plan Review

Name of Applicant (Please Print)

Signature of Applicant

BOARD OF HEALTH USE ONLY

COMMENTS:

Signature of Board of Health Member/Agent: _____

Date: _____