



## TOWN OF MENDON

### BOARD OF HEALTH

18 Main Street | Mendon, MA 01756

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

## REQUEST FOR 1-YEAR EXTENSION OF SEPTIC DESIGN PLANS

In accordance with 310 CMR 15.020 Approved Disposal System Construction Permit Applications (septic designs) are to be completed within 3 years of issuance (approval date of plan) of Permit Application. The Local Approving Authority may extend that date by one year if the request is made **prior** to the expiration of the 3-Year timeframe. Only one extension may be granted. Failure to request an extension within the 3 years OR if a Certificate of Compliance is not issued within the 1-Year extension timeframe a new permit application will be required. This will include a request to extend Soils/Percolation testing and submittal of new design plans. Any changes in State or Local regulations in effect will be required to be shown on the re-submitted plans.

**FEE:** \$150 (Check payable to: Town of Mendon)

**Date:** \_\_\_\_\_

*I hereby make a request to the Mendon Board of Health to Extend the Disposal System Construction Permit Application by one year at the following location:*

\_\_\_\_\_  
**Property Location**

\_\_\_\_\_  
**Date of Plan**

\_\_\_\_\_  
**Date of Last Revision Noted on Plan**

\_\_\_\_\_  
**Name of Design Plan Engineer**

\_\_\_\_\_  
**Date of Plan First Approved by Board of Health**

\_\_\_\_\_  
**Reason for Plan Extension**

\_\_\_\_\_  
**Name of Applicant (Please Print)**

\_\_\_\_\_  
**Signature of Applicant**

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### BOARD OF HEALTH USE ONLY

Request for 1-Year Extension is: ☐ APPROVED

☐ DENIED

\_\_\_\_\_  
**Reason(s) if Denied**

\_\_\_\_\_  
**Design Plan Extended to Date**

\_\_\_\_\_  
*Mendon Board of Health Signature*