



**WRENTHAM
BOARD OF HEALTH**
79 South Street, Wrentham, MA. 02093
PERMIT FORM ADDITIONS/ALTERATIONS/RENOVATIONS
New applications must be submitted thirty days prior to opening

Project Address:	
Contractor's Name:	Telephone Number:
Contact Name:	Email Address:
Contractor's Address:	
Property Owner's Name:	Telephone Number:
Address: <i>(if different)</i>	Email Address:

Project Description: _____

PLEASE READ ADDITIONAL INSTRUCTIONS BEFORE PROCEEDING

Is there a change in building footprint? Yes No

How many rooms in the house? Do **NOT** include bathrooms, closets, hallways, unfinished cellars, and unheated storage area over the garage.

EXISTING NUMBER OF ROOMS? _____ NUMBER OF ROOMS TO BE ADDED? _____

EXISTING NUMBER OF BEDROOMS? _____ NUMBER OF BEDROOMS TO BE ADDED? _____

If any new rooms are created, provide neat sketch of complete floor plans of structure showing the before and after the addition.

What is the area in square feet if interior addition or exterior change in footprint? _____ sq. ft.

A *neatly* drawn to scale plot plan must be submitted with this request showing:

- Property Lines
- Existing structure(s) footprint (labeled)
- Proposed structure(s) foot print (labeled)
- Location of septic tank and leaching area or cesspool (labeled)
- Location of subsurface expansion area (labeled)

Type of foundation of addition? Full Basement Slab Post or Columns

Setback of addition to septic tank. leaching area or cesspool? _____ feet

BOARD OF HEALTH ACTION

DATE: _____ APPROVAL _____ DISAPPROVAL _____

REASON FOR DISAPPROVAL OR OTHER COMMENTS OR CONDITIONS: _____

SIGNATURE: _____ WRENTHAM HEALTH AGENT