



**WRENTHAM
BOARD OF HEALTH**
79 South Street, Wrentham, MA. 02093
APPLICATION FOR SMALL COMPONENT UPGRADE OR REPAIR
Any work started or finished prior to the issuance of this permit is solely the responsibility of the contractor.

Application Fee:	Date:	Permit Number:
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Application is made to Repair Replace an individual sewage disposal system component as shown or recorded on a Title 5 Certification or Install a basement ejector pump.

Address of Property:	
Name of Owner:	Telephone Number:
Address of Owner: <i>(if different)</i>	
Name of Installer:	
Business Address:	
Telephone Number:	Wrentham Installer's License Number:

Components to be repaired or replaced: _____

Reason for Upgrade:
 The upgrade is the result of a Title 5 Inspection. Dated: _____ Inspected by: _____
 Other, please describe: _____

The undersigned acknowledges that he/she must, before commencing construction for the use of this system which is the subject matter of this application, secure any and all other permits which may be required by the laws of the Town of Wrentham, the Commonwealth of Massachusetts, including wherever applicable an Order of Conditions from the Conservation Commission, a Building Permit, a Plumbing or Gas Permit, any variances or special permits from the ZBA, Planning Board approvals, as well as approval from the Board of Health upon completion. It is also acknowledged that the system must be installed by a person or firm having a current permit to install such systems in the Town of Wrentham.

Signature of Owner: _____

PERMIT TO REPAIR SMALL COMPONENT
 APPROVAL DISAPPROVAL

COMMENTS: _____

AGENT SIGNATURE: _____ DATE: _____