



FEE: \$50

Ck# _____

Date: _____

**BOARD OF HEALTH
Town of Lakeville**

TITLE V INSPECTION APPLICATION

- Fee for witnessing \$50.00 to be paid at time of filing application.

Please print clearly or type in the following:

OWNER'S NAME _____

PROPERTY ADDRESS _____
Assessors Map _____ Block _____ Lot _____

TELEPHONE NUMBER _____

INSPECTOR'S NAME _____

COMPANY'S NAME _____

TELEPHONE NUMBER _____

REASON FOR INSPECTION: _____ Property Transfer _____ Additon/Construction _____ Other
(new well, garage, etc.)

NOTE TO INSPECTOR:

The Board of Health requires the following:

- ✓ Dwelling Inspection
- ✓ Site Plans/As-Built drawings available at time of inspection
- ✓ All system components openings will be uncovered and open for inspection
- ✓ Field/Trench observation holes, tank(s) may be required depending on site conditions

Date Scheduled: _____

Time: _____