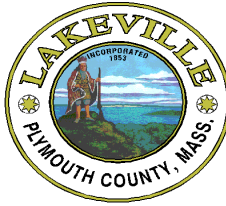


Town of Lakeville
Board of Health

346 Bedford St.
Lakeville, MA 02347
Phone: 508-946-3473 Fax: 508-946-3971



Fee \$50.00

Check #: _____

Date: _____

Change in Use Application

Name: _____	
Address: _____	
Address to be upgraded if not same as above: _____	
Phone: _____	Email: _____

Requirements prior to a plumbing permit being issued:

- ☐ One of the following:
- ☐ Certificate of Compliance for a septic system (within 2 years)
 - ☐ Complete Title V report (pass or fail)
 - ☐ Recorded seasonal deed restriction
 - ☐ Letter of failure confirmation
- ☐ Water analysis of Lakeville Potability parameters on file for all wells within 100' (or waiver form) if applicable.
- ☐ A complete copy of the Change in Use Regulations was provided to the applicant.

-
- Septic upgrade plans shall be submitted to the Board for approval
 - Plan variances, if granted, will be in writing to the applicant
 - Any violation of the Change In Use Regulations may result in modification, suspension or revocation of permit at a Board of Health hearing or fines.

Applicant signature: _____ Date: _____

Tax Collector sign off: _____ Date: _____