Assessors Map _____ Block _____ Lot _____
Upgrade _____ Repair _____ New Construction _____

PERCOLATION TEST APPLICATION
Board of Health, Town of Lakeville

- Each Percolation Test Application shall be used to record deep test hole observation and percolation test results for and individual lot or an area to be subdivided into one lot.
- Fee for Test $150.00 for three (3) hours to be paid at time of filing application.
- $50.00 for each additional hour.

Please print clearly or type in the following:

APPLICANT’S NAME ______________________ ADDRESS ____________________________
ENGINEER ___________________________ ADDRESS ____________________________
SOIL EVALUATOR ______________________ ADDRESS ____________________________
CONTACT PERSON ______________________ CONTACT PHONE # ______________________

REASON FOR PERC/SOIL EVAL: FAILED SYS _____ ADDITION _____ OTHER _____

Please check off intended uses within the following:

APPLICANT IS: __ Property Owner __ Developer __ Engineer __ Installer __ Other
INTENDED USE: ___ SFD ___ Duplex ___ SFD w/in-law ___ Commercial ___ Industrial ___ Other
FOUNDATION: ____ Slab ______ Half/Basement/Cellar ______ Full Basement
NO. OF BDRMS: ____ One ____ Two ____ Three ____ Four ____ Five ____ Six or more ___ In-Law Apt.
LOT INFORMATION: existing lot? ____ Yes ____ No ____ proposed lot? ____ Yes ____ No
Name of subdivision
Any Deed restrictions? ____ Yes ____ No ____ Any utility or access Easements? ____ Yes ____ No

NOTE: A COPY OF THE LOT PLAN OR DEFINITIVE SUBDIVISION SHALL BE ATTACHED WITH THIS PERCOLATION TEST APPLICATION

LOT IS CURRENTLY OWNED BY:

_____________________________________________________
(Address) (Telephone)

BRIEF DESCRIPTION OF LOT LOCATION: (Include street name, off what existing street, near stream, pond, directions, etc.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date Scheduled: ________________ Time: ____________

Revised 11/8/10