

THE COMMONWEALTH OF MASSACHUSETTS

Town of Dennis Health Department

685 Route 134, P.O. Box 2060

South Dennis, MA 02660

Public Hearing

In-House Approval

Received: _____
Abutter Deadline: _____

Application for Board of Health Variances

Date: _____

Name of Applicant: _____

Mailing Address: _____

Telephone Number: () - _____ City Zip Code

Owner(s) of Record: _____

Mailing Address: _____

Property Address: _____ City Zip Code

Street No. Village

Map/Parcel No.	Deed Book & Page:	Book No.	Page No.	OR Cert. No.
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Design Engineer/Sanitarian: _____

Firm/Company Name: _____

Mailing Address: _____

City Zip Code

Telephone Number: () - _____ Signature: _____

Engineer or Applicant

New Construction	<input type="checkbox"/>	Voluntary Upgrade	<input type="checkbox"/>	Addition/Alteration	<input type="checkbox"/>	Failed System	<input type="checkbox"/>
Conservation Commission Approval Required:		No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date of Hearing ____ / ____ / ____	
Conservation Commission Sign-Off Sheet or Order of Conditions Attached:						<input type="checkbox"/>	

List all Variances from State and Local Codes

TITLE 5, SEC. #:	DESCRIPTION OF VARIANCE(S):

DENNIS REG. #:	DESCRIPTION OF VARIANCE(S):

Title 5 Variances (Cont. from page 1)

TITLE 5, SEC. #:	DESCRIPTION OF VARIANCE(S):

Town of Dennis Variances (cont. from page 1)

DENNIS REG. #:	DESCRIPTION OF VARIANCE(S):