Billerica Health Department

Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us

Application for Plan Review
Please Answer ALL Questions

PLEASE PRINT

FEE $ 150.00

_____**NEW** _____ **REMODEL** DATE_____

NAME OF COMPANY/APPLICANT _____TELEPHONE #_____
ADDRESS_____
MAILING ADDRESS (IF DIFFERENT) _____
NAME OF CONTACT PERSON _____
TITLE _____ TELEPHONE NUMBER _____

LOCATION OF PROPOSED CONSTRUCTION, RENOVATION, REMODELING, ETC.
STREET ADDRESS _____
DESCRIPTION OF PROPERTY (ASSESSORS MAP #(S)_____PARCEL # (S)_____
IS PROPERTY LOCATED IN FLOOD PLAIN AS DETERMINED BY FEMA? YES__ NO __GIVE ZONE _____
IS PROPERTY LOCATED IN THE GREEN ENGINEERING FLOOD PLAIN? YES ___ NO ___ MAP # _____
DESCRIBE THE INTENT OF USE YOUR PLANS ARE BEING REVIEWED FOR: _____
_____
_____

It is the applicant's responsibility to comply with all applicable laws, rules and regulations of the Town of Billerica.

INCOMPLETE APPLICATIONS WILL DELAY FURTHER REVIEW AND PROCESSING

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

_____
Print Name of Applicant

_____
Signature of Applicant Date

_____
Print Name of Owner (if different from Applicant)

_____
Signature of Owner Date

RECEIVED

FOR OFFICE USE ONLY
Date Reviewed: _____
2nd Review: _____
3rd Review: _____