Billerica Health Department

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

Application for a Waiver of Regulations

Pursuant to Billerica Board of Health Regulations Chapter 1, Section 1.2.005

PLEASE PRINT

FEE $ 100.00
DATE_____

NAME OF
COMPANY/APPLICANT_____
MAILING ADDRESS _____
NAME OF CONTACT PERSON_____
TITLE _____ TELEPHONE NUMBER _____
NAME OF PROPERTY OWNER, IF DIFFERENT FROM APPLICANT_____
TELEPHONE NUMBER _____
ADDRESS OF PROPERTY OWNER, IF DIFFERENT FROM APPLICANT _____
MAILING ADDRESS OF PROPERTY OWNER _____

DESCRIPTION OF PROPERTY SUBJECT TO WAIVER REQUEST:
PROPERTY ADDRESS (INCLUDE COMPLETE STREET ADDRESS) _____
ASSESSOR'S 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 # _____

STATE WHICH REGULATION CHAPTER (S) AND SECTION(S) YOU WISH TO SEEK A WAIVER OF
_____

STATE THE REASON YOU FEEL THE BOARD OF HEALTH SHOULD GRANT YOUR REQUESTED WAIVER. SUBMIT ALL NECESSARY DOCUMENTAITON TO SUPPORT YOUR REQUEST_____
_____
_____
_____
_____

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

SIGNATURES OF APPLICANT AND OWNER ARE REQUIRED