Town of Chatham
Department of Health and Environment
Health Division
261George Ryder Rd.
Chatham, MA 02633
(508) 945-5165 fax (508) 945-1671

Application for Board of Health Variances

Date: _____

Name of Applicant: _____

Mailing Address: _____

City **Zip Code**

Telephone Number: _____

Owner(s) of Record: _____

Mailing Address: _____

Street **No.** **City** **Zip Code**

Property Address: _____

Street **No.**

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

Design Engineer/Sanitarian: _____

Firm/Company Name: _____

Mailing Address: _____

City **Zip Code**

Telephone Number: (____)_____

Email _____ **Signature_____**

New Construction ☐ **Voluntary Upgrade** ☐ **Addition** ☐ **Failed System** ☐

Conservation Commission Approval Required: No ☐ **Yes** ☐ **Date of Hearing _____**

List all Variances from State and Local Codes (add sheets if needed)

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

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