



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

SEPTIC PLAN
AMENDMENT FORM

The Engineer for _____
(property address septic design plans are for)

must check off the below two items in order to determine if Conservation must sign off on the septic plans.

Is the proposed project located within the following buffer zones or resource areas?

1. Within 100 feet of a wetland or vernal pool: Yes ___* No ___ (exempt)
2. Within 200 feet of a river or stream: Yes ___* No ___ (exempt)

***If yes has been checked, a wetland application must be filed with the Conservation Commission.**

Visit the Commission's website: www.foxboroughma.gov

3. Does this plan require a plumbing permit: Yes ___ No ___
4. Does this plan require an electrical permit: Yes ___ No ___

The COC will not be issued until copies of the above permits have been received.

Engineer's Name (Please Print Clearly)

Engineer's Signature

Date

Company Name