



BOARD OF HEALTH  
**TOWN OF FOXBOROUGH**  
MASSACHUSETTS

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

**PERC TEST APPLICATION**

*Fee: \$200.00/Reperc \$100.00*

Please make checks payable to THE TOWN OF FOXBOROUGH.

BHP- \_\_\_\_\_  
DATE REC'D \_\_\_\_\_  
CHECK # \_\_\_\_\_

TRENCH PERMIT#: \_\_\_\_\_  
(Must be paid to Bldg. Dept. prior to BOH approval.)  
EXCAVATOR: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**LOCATION OF TEST:**

\_\_\_\_\_

HOMEOWNER:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

TEL. NO.:

\_\_\_\_\_

ENGINEER:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

TEL. NO.:

\_\_\_\_\_

1. Plan of lot must accompany application.
2. Application and appropriate fees must be filed with the Board of Health three days prior to the test date. (Perc tests are witnessed by this office on Mon. – Thurs.)

**PROPOSED TEST DATE:** \_\_\_\_\_

(UPDATED JULY 2009)