

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; BUILDING 20; SUITE 2-36
NORTH ANDOVER, MASSACHUSETTS 01845



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SEPTIC PLAN SUBMITTAL FORM

Date of Submission: _____

Site Location: _____

Engineer: _____

New Plans? Yes _____ \$225/Plan Check # _____ (includes 1st submission and one re-review only)

Revised Plans? Yes _____ \$75/Plan Check # _____

Site Evaluation Forms Included? Yes _____ No _____

Local Upgrade Form Included? Yes _____ No _____

Telephone #: _____ Fax #: _____

E-mail: _____

Homeowner
Name: _____

OFFICE USE ONLY

When the submission is complete (including check):

- _____ Date stamp plans and letter
- _____ Complete and attach Receipt
- _____ Copy File; Forward to Consultant
- _____ Enter on Log Sheet and Database