



Board of Health  
 Frank P. Giacalone, CEHT  
 Director of Public Health

# TOWN OF SAUGUS

BOARD OF HEALTH  
 298 CENTRAL STREET  
 SAUGUS, MASSACHUSETTS 01906



**Public Health**  
 Prevent. Promote. Protect.

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## FILL PERMIT APPLICATION

### CONTACT INFORMATION

In accordance with the provisions of the Regulations promulgated with authority of Section 31, of Chapter 111 of the General Laws of the Commonwealth of Massachusetts application for a permit to place fill is made by:

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### FILL INFORMATION

Location/address where fill is coming from: \_\_\_\_\_

Type of Fill: \_\_\_\_\_ Quantity of Fill: \_\_\_\_\_

Address of disposition of fill: \_\_\_\_\_

Date filling to start: \_\_\_\_\_ Length of time of fill operation: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### AUTHORIZATION

I, the undersigned have read, understand and agree to abide by the Board of Health Regulations Article 21 regarding the placing of fill. Petitioner assumes full responsibility for the final grading of the fill and its impact including but not limited to any adverse effects on adjacent property.

\_\_\_\_\_  
 Signature of Applicant

**Fee: \$50.00**

### APPROVAL

_____	Approved	(circle one)	Disapproved
Conservation	Approved	(circle one)	Disapproved
_____	Approved	(circle one)	Disapproved
Planning Board	Approved	(circle one)	Disapproved
_____	Approved	(circle one)	Disapproved
Building Commissioner	Approved	(circle one)	Disapproved
_____	Approved	(circle one)	Disapproved
Board of Health	Approved	(circle one)	Disapproved