



Board of Health
David J. Greenbaum, RS
Director of Public Health

TOWN OF SAUGUS

BOARD OF HEALTH
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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