



TOWN OF  
**CHESTER, MASSACHUSETTS**

01011

BOARD OF HEALTH  
15 Middlefield Road  
Chester, MA 01011  
413-354-7781  
BoardofHealth@townofchester.net

**Application For Septic Plan Review**

Permit Fee \$100.00

Date: \_\_\_\_\_ Site Address: \_\_\_\_\_

Assessor's Map #: \_\_\_\_\_ Lot#: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Engineering Firm: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Contractor: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Repair or New Construction: Repair: \_\_\_\_\_ New Construction: \_\_\_\_\_

Cause of Failure, if known: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please refer to the website for additional requirements and/or contact the Board of Health at 413-354-7781 [BoardofHealth@townofchester.net](mailto:BoardofHealth@townofchester.net). Checks are to be made payable to the Town of Chester for all permit fees.