

MIDDLEBOROUGH HEALTH DEPARTMENT

PERCOLATION APPLICATION FORM

ENGINEER'S NAME: _____ TEL.NO. _____

OWNER'S NAME: _____

ADDRESS/LOCATION: _____

ASSESSOR'S MAP NO: _____ LOT NO: _____

REPAIR: _____ DEPOSIT FEE: \$225.00

NEW: _____ DEPOSIT FEE: \$450.00/PER LOT

NO. OF LOTS _____ x \$450.00 _____

DEPOSIT & APPLICATION DUE PRIOR TO PERC DATE SCHEDULING

Date: _____

Received of: _____

Location: _____

No. of Percs: _____ Perc Date Scheduled: _____ Time: _____

Home Owner Signature

Signature
Health Department

PLEASE CALL 946-2408 IF THIS DATE IS IN CONFLICT

ANY CANCELLATION MUST BE MADE BY THE ENGINEER THAT SCHEDULED THE PERC AND HIS/HER CLIENT.