

PERMIT # _____ FEE _____ RECEIVED DATE _____ CHECK # _____



Town of Granby
215B West State Street
Granby, MA. 01033
413-467-7174 / 413-467-3101 Fax
boh@granbyma.org

PERC TEST APPLICATION

Name of Applicant: _____

Applicants Address: _____

Applicants Phone Number: _____

Engineering Firm (performing perc test): _____

Engineer's Phone Number: _____

Site to be Perc'd: _____

PERC FEE: New Lot: \$200.00 Out of Season Perc Test Water Table: \$100.00
Plus \$50.00 per hole above 4 Perc Test Extension Deep Holes: \$100.00

ALL SOIL SUITABILITY SITE ASSESSMENTS MUST BE WITNESSED BY THE BOARD OF HEALTH AND THE WITNESSING FEE PREPAID BY CHECK: MADE OUT TO THE TOWN OF GRANBY.

1. Fill out this application and submit to the Board of Health office at 215B West State Street, Granby Ma. 01033
2. The Engineering Firm will contact: Dick Bombardier for new lots or extensions at 467-9886 after 6pm, or Lee Lalonde for repairs at 467-2627 or 467-7022 to set up an appointment time to perform the perc test.
3. Once the Perc Test has been witnessed the Engineer has 30 days to send in a copy of the perc to the Board of Health office.

Signature of Owner or Applicant: _____

Date: _____