

# Town of Holland Board of Health

27 Sturbridge Road, Holland, MA 01521  
Phone: 508-760-6158



Date Received \_\_\_\_\_

Staff Initials \_\_\_\_\_

**Permit Valid for (1) or (2) Years**

## Application for Beach Testing Permit

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

Please Print

Deed Reference: Book# _____ Page# _____		Plan Reference: Plan # _____ Page # _____	
Requestor Contact Name: _____			
Primary Contact Address (Mailing Address for Billing) _____			
Phone No. _____		E-mail Address for (Sample Results): _____	
Beach Name: _____		Beach Address/Location: _____	
Beach Permit Type: <input type="checkbox"/> Paper <input type="checkbox"/> Laminated (\$30) <input type="checkbox"/> Laminated with weather proof posting pouch (\$70)			
Dates of Beach Testing: From: _____ to: _____			
Sample Season (Check the grey box to select your desired sample season)			
Would you like get a up to 75% discount and participate in surrogate testing site if available: (YES) or (NO)		Parking Available (if not, where should sampler park): _____	

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For BOH Office Use:

**PERMIT APPROVED BY:** \_\_\_\_\_

APPROVED:  DENIED:

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

PERMIT # \_\_\_\_\_

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

EXPIRATION DATE: \_\_\_\_\_

If permit Denied, state reason: \_\_\_\_\_