

PUBLIC HEARING  
 IN-HOUSE APPROVAL

THE COMMONWEALTH OF MASSACHUSETTS  
Town of Holland Health Department  
27 Sturbridge Road, Holland MA 01521  
boh@townofholland.necoxmail.com  
Tel: (413) 245-7108 x-112

Received: \_\_\_\_\_  
Abutter Deadline: \_\_\_\_\_  
FEE: \$40.00 Paid: CK # \_\_\_\_\_

## Application for Board of Health Variances

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

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Town Zip Code

Telephone Number: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Town Zip Code

Map/Parcel No. \_\_\_\_\_ Deed Book & Page: \_\_\_\_\_

Design Engineer/Sanitarian: \_\_\_\_\_

Firm/Company Name: \_\_\_\_\_

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

Telephone Number: ( ) \_\_\_\_\_ Signature: \_\_\_\_\_  
Engineer or Applicant

New Construction \_\_\_\_\_ Voluntary Upgrade \_\_\_\_\_ Addition/Alteration \_\_\_\_\_ Failed  
System \_\_\_\_\_

Conservation Commission Approval Required (per pink sheet) : YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Hearing: \_\_\_\_\_

APPLICANT MUST LIST ALL VARIANCES FROM STATE AND LOCAL CODES ON PAGE 2.

Title 5 Variances (continued from Page 1)

TITLE 5 Section #:	DESCRIPTION OF VARIANCE(S)

Town of Holland Variance(s) (application continued from page 1)

HOLLAND REG#	DESCRIPTION OF VARIANCE(S)

