



Town of Plympton

BOARD OF HEALTH

5 Palmer Road, Plympton, Ma 02367

APPLICATION FOR VARIANCE

DATE SUBMITTED: _____

FEE: _____

NAME OF APPLICANT: _____ PHONE: _____

ADDRESS OF
PROPERTY: _____ Location: _____
Map/Block/Parcel

SYSTEM DESIGNER: _____ PHONE: _____

VARIANCE REQUEST: (Please refer to the specific Title V and/or Plympton Regulations from which
A variance is requested, including chapter numbers.)

Title V states that the local Board of Health may grant a variance which is requested in writing if the applicant can prove that the same degree of environmental protection can be achieved without strict application of the particular provision, (310CMR15:20). Please state below such proof.

The Board of Health will take this request under advisement and render its decision within 45 days otherwise it may be presumed approved. This notice and the Board's response are public record.

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The Request for Variance above has been:

APPROVED _____ Date: _____

DENIED _____ Date: _____

RETURNED FOR ADDITIONAL INFORMATION _____ Date: _____

Signed: Plympton Board of Health

Chairman

Treasurer

Clerk