



# Town of Plympton

## BOARD OF HEALTH

### APPLICATION FOR VARIANCE

DATE SUBMITTED: \_\_\_\_\_

FEE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF

PROPERTY: \_\_\_\_\_ Location: M \_\_\_\_\_ B \_\_\_\_\_ L \_\_\_\_\_  
(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.)

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Title 5 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.

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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