Date:

TOWN of GROVELAND

FEE: \$50.00

BOARD of PUBLIC HEALTH 183 Main Street Groveland MA. 01834

EXPRESS PERMIT*

For the repair/replacement of the following:

Location: At	By Installer:		
()Distribution box rep()Sewer line or addition()Sanitary tee replaces()Abandon System and	onal line replacement ment	2	
A Construction permit is <u>not n</u> risers, installing riser's etc. if a	needed for replacing covers, pa an inspection is not required.	tching tar	nks, replacing d-box
		gi S	Agent
If a Title 5 Inspection Report I Health Department review, ad sign below to acknowledge thi	lditional repairs may be require	ent, please ed / recom	e note that upon nmended. Please
*2 business days			
Office:			
Be certain to qualify certificat	te of compliance as "Limited".	!	