

DOVER BOARD OF HEALTH

Tel: 508-785-0032 Ext: 232

Fax: 508-785-8114

E-mail: doverbh@gis.net

Request for Hearing before the Board of Health

Applicant: _____ **Phone:** _____

Property Address: _____

ALL PLANS MUST BE SUBMITTED 2 WEEKS PRIOR TO MEETING DATE FOR AGENT REVIEW.

ALL ABUTTERS NOTIFICATION IF PUBLIC HEARING IS REQUESTED MUST BE SENT CERTIFIED MAIL 10 DAYS BEFORE HEARING, PRESENT RETURN RECEIPTS AND COPY OF NOTIFICATION AT LEAST 4 DAYS BEFORE MEETING.

Check all that apply: If a return is recommended by the Board only one fee will be collected

| √ | Type of Hearing | To be <u>Provided</u> by the Applicant | Fee |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <input type="checkbox"/> | Local Upgrade Approval Designer Name: _____ | <ul style="list-style-type: none"> • Copy of "failed" inspection report. • Evidence that proposed system meets maximum Feasible compliance. Phone: _____ • A list of available alternative technologies that would allow the system to be built with local upgrade approval if needed | 75.00 |
| <input type="checkbox"/> | Variance from Title 5 | <ul style="list-style-type: none"> • Evidence that strict enforcement of Title 5 would be manifestly unjust. • Evidence that equivalent level of environmental protection can be achieved. | 100.00 |
| <input type="checkbox"/> | Variance from Local Regulation, <input type="checkbox"/> Septic <input type="checkbox"/> Wells <input type="checkbox"/> Pools | <ul style="list-style-type: none"> • Evidence that strict enforcement of local regulation would do manifest injustice. • Evidence that variance would not conflict with sprit of local regulation | 100.00 |
| <input type="checkbox"/> | Deed Restriction Request Information Needed for Deed Restriction: Name(s) on Deed, Date of Deed, Book and Page Number, Reason for Request _____ _____ _____ | | 75.00 |

| | |
|---------------------------------------------------------------------------------------------------|--------------------------------|
| For Office Use Only: Date of Application: _____ Date of Meeting: _____ | Filling Fee Paid: _____ |
|---------------------------------------------------------------------------------------------------|--------------------------------|