



TOWN OF TRURO

Board of Health

P.O. Box 2030, Truro, MA 02666
Tel: (508) 349-7004 x-32 Fax: (508) 349-5508

APPLICATION FOR BOARD OF HEALTH VARIANCES

Date Submitted: _____ Board of Health Hearing Date: _____

Property Owner's Name: _____

Mailing Address: _____

Address of Property: _____

Map and Parcel Number: Map # _____ Parcel # _____

Design Engineer/Sanitarian _____

Firm/Company Name: _____ Phone #: _____

Address: _____

Real Estate Broker Contact: _____

Anticipated Date of Property Transfer: _____ Length of Time Requested to

Complete Upgrade: _____

***NOTE: The abutter's notification letter must be sent to each abutter by certified mail, return receipt requested, at the expense of the applicant. The green cards must be submitted at the hearing.**

Please check type of variance requested:

- Title 5 Variance Request Section _____
- Board of Health Variance Request Section/Article _____
- Board of Health Variance Request from Section VI, Article 3(1)a. Required Upgrade Upon Property Transfer. Please include Buyer's Information below:

Buyer's Name: _____

Mailing Address: _____

Phone #: _____ Fax: _____ Email: _____

Signature (Property Owner)

Signature (Buyer)

Date

Date

Please return this application to:
Truro Health Agent, 24 Town Hall Road, P.O. Box 2030, Truro, MA 02666
With a \$75.00 application fee made payable to the Town of Truro