TOWN OF TEWKSBURY

BOARD OF HEALTH

TEWKSBURY, MASSACHUSETTS 01876

Lou-Ann C. Clement, C.H.O.
Director of Public Health

(978) 640-4470
Fax: (978) 640-4472

CHECKLIST FOR BOARD OF HEALTH APPLICANTS

1. **Applications:** Eight (8) copies of the application are to be completed in full by the petitioner. An application must be filed for each individual property or file affected. All material must be sorted into eight (8) individual packets.

2. **Letter from the proper authority:** A letter indicating refusal of an appropriate permit from the Health Inspector. (Eight (8) copies required.)

3. The Board will require every application, appeal and petition be supported by a **brief** which sets forth in detail all facts relied on.

4. **Plans if applicable:** Eight (8) copies of a certified plot plan, not older than six months and certification not broken, showing the premises affected, must be presented with the application. Any plan which is more than six months old must be certified by the maker that no changes have occurred and that the plan is still current.

5. Eight (8) copies of a **plan showing all existing buildings, septic systems, external grease tank and any proposed items** including surrounding lots. A locus should also be identified, i.e. copies of Assessor's maps indicating map & lot # are acceptable.

6. **Fee: A fee of $65.00 per application.** This fee is not returnable and cannot be accepted without the complete application, including plot plans. The fee can only be accepted by check (either personal or certified). No cash will be accepted.

7. **GIS Surcharge Fee,** if applicable: See fee schedule. This fee is not returnable and cannot be accepted without the complete application. The fee can only be accepted by check (either personal or certified). No cash will be accepted.

8. **Advertisement:** The **applicant is required** to transmit and pay for the legal notice of the Public Hearing to the Tewksbury Town Crier Newspaper for publication for two **(2) successive weeks,** as well as to send the legal notice by certified mail to all names on the certified abutter's list.

9. **Deed:** Eight (8) copies of a Quitclaim Deed shall be submitted.

10. **The Board of Assessors,** who maintain an applicable tax list, shall certify to the Board of Health the names and addresses of parties in interest and such certification shall be conclusive for all purposes. (Eight (8) copies required. Please allow up to five days for Assessors' to comply).

11. **One set of envelopes:** These envelopes will used for the hearing notice in which **legal abutters must be Certified Mail** return receipt requested and abutters to the abutters (see definition) can be regular mail. The US Postal return receipt card shall be addressed to Tewksbury Health Department. (Metered postage is not acceptable).

12. **Application must be into the Health Department three (3) weeks prior to the next regularly scheduled meeting of the Board.**

13. If the owner is not the applicant, the application must be accompanied by a "notarized document" signed by the owner or owners authorizing the application. Any person may appear in his or her behalf or be represented by an agent or attorney-in-fact who may (but need not) be an attorney-at-law. If the representative of the owner or the applicant is not a licensed attorney-at-law, then a letter from the owner and/or the applicant must be filed authorizing the representative to act in behalf of the owner and/or applicant.

14. Agent or applicant must sign application.

Office Hours Monday – Thursday 8:00 AM to 10:00 AM and 2:30 PM to 4:00 PM Office is closed on Friday

TOWN OF TEWKSBURY

MASSACHUSETTS

Case No _____

Date App. Filed _____

Hearing Date _____

Decision _____

Do not write in this space

APPLICATION TO THE BOARD OF HEALTH

Applicant: _____ **Mailing Address** _____

1. Application is hereby made: (check one or more and fill in appropriate blanks)

   ☐ (a) For a variance from the requirements of MGL or BOH Regulations: Section _____ Para. _____

   ☐ (b) As a party aggrieved, for review of a decision made by the Health Inspector and/or other authorities.

   What authorities? _____

2. ☐ Premises affected are land and buildings numbered _____

   _____ Street

3. (a) Premises affected in Zoning District _____ The premises has an area _____ sq. ft.

   Frontage of _____ ft. Side yard setback of _____ ft. and _____ ft.

   Front yard setback of _____ ft. Septic System setback lot lines _____ ft. Foundation _____ ft.

   Well(s) Potable _____ ft. Irrigation _____ ft. Monitoring _____ ft. Public drinking water supply _____ ft.

   Other setbacks requirements include description and feet: _____

   (b) Assessors Map _____ Lot _____

4. Ownership:
   Name and address of owner (if joint ownership, give all names):

   _____

   _____

   _____

5. (a) Size of (proposed) (existing) structure: _____ ft. front: _____ ft.

   Height: _____ stories _____ ft. Total floor area: _____ sq.

   (b) Number of existing bedrooms: _____ Number of proposed bedrooms: _____

(c) Present occupancy or use: (of each floor) _____

6. Description of proposed work and/or use: _____

_____

7. Has the applicant appeared before any other Town Boards involving this property: _____
If "yes' give date, name of Board, reason and results _____

_____

8. Deed recorded in Middlesex North Registry of Deeds, Book _____ Page _____
Registry District of the Land Court Cert. No. _____ Book _____ Page _____

9. The reasons for the change that I request are as follows: (Use additional sheet if necessary)

10. Names and address of abutters: (use additional sheet if necessary)

Legal abutters: _____ (See attached certified abutter's list.) _____
Other Property Owners: _____

_____

_____

I further agree that the information submitted by me _____
is true to the best of my knowledge.

Date _____ Signature of person who filled out form _____

Date _____ Signature of Applicant _____
Applicant's Telephone # _____

INSTRUCTIONS: Applications must be typed or printed. Draw line through blanks that do not apply.
File eight (8) copies COMPLETELY FILLED out. If applications are submitted with incomplete information, they will not be accepted.
A copy of the decision, if any, by the Health Inspector or other authority, together with eight (8) plot plans of the affected premises, MUST be filed.

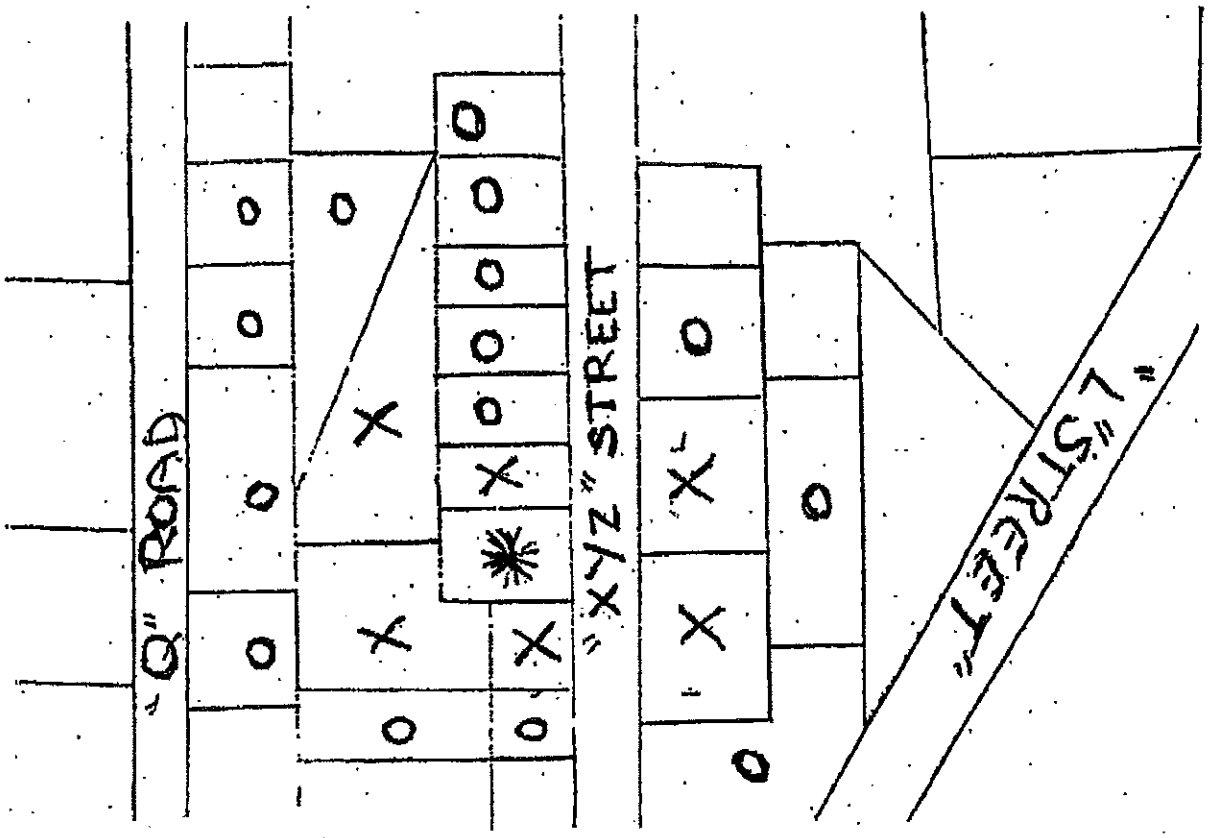
THE FILING FEE MUST ACCOMPANY THIS APPLICATION
Make checks payable to the Town of Tewksbury

EXAMPLE

1. **LEGAL ABUTTERS:** Any properties that touch the property in question, including the properties across the street. For these purposes, the center of a street constitutes a property line. In the example, they are those properties that are represented by an "X".

2. **OTHER ABUTTERS:** Any properties that adjoin legal abutters. In the example, they are those properties that are represented by an "O".

Property in question represented by an "**"



TEWKSBURY TOWN CRIER

Town Crier
1 Arrow Drive
Woburn, MA 01801

978-658-2346
(Fax) 978-658-2266

DIRECTIONS

- Take I-93 South
- Take 1-95 South/128 S via Exit 37B toward Waltham
- Take Exit 36 toward Washington Street/Woburn/Reading
- Take the Mishawum Road ramp
- Turn left onto Mishawum Road
- Turn left to stay on Mishawum Road
- Turn left onto Olympia Avenue
- Turn right onto Wildwood Avenue
- End at 1 Arrow Drive, Woburn, MA

(Distance about 15 miles. Travel time about 20 minutes)

TOWN OF TEWKSBURY
ASSESSOR'S OFFICE
11 TOWN HALL AVENUE
TEWKSBURY, MA 01876
Phone (978) 640-4330
Fax (978) 851-4849

For office use only
Payment Received:
Date: _____
Amount: _____
☐Cash
☐Check #_____

REQUEST FOR CERTIFIED LIST OF ABUTTERS

TO: **Tewksbury Board of Assessors**

FROM: _____

DAYTIME PHONE NUMBER: _____

Please Check Name of Requesting Board:

☐ ZBA ☐ Board of Health ☐ Conservation ☐ Planning ☐ Other: _____

I am requesting a certified list of abutters for the property located at:

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS: _____

MAP: _____ LOT: _____ UNIT: _____

ABUTTERS: ☐ Direct ☐ Within 100 feet ☐ Within 300 feet ☐ Provided List
INCLUDE: ☐ Abutters to Abutters ☐ Other: _____

Applicants should allow a minimum of five (5) business days to process the request.

Please fill out this form in its entirety and submit it to the Assessor's Office. *Each parcel involved in a project requires its own abutters list.* There is a $15.00 fee for each list. The office can also provide an excel spreadsheet for creating mailing labels for an additional $5.00. Be sure to provide an email address if you would like this option. Assessor's Maps can be purchased for an additional $2.00 each. **Fees must be paid when request is made**. Check is payable to **TOWN OF TEWKSBURY**.

EMAIL ADDRESS IF REQUESTING EXCEL FILE: _____