



TOWN OF YARMOUTH

HEALTH
DIVISION

1146 ROUTE 28 SOUTH YARMOUTH MASSACHUSETTS 02664-24451

Telephone (508) 398-2231 ext. 1240, Fax (508) 760-3472

BOH APPLICATION FOR VARIANCE APPROVAL

Date: _____

Applicant: _____

Owner (if different): _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Property Address: _____

Number and Street

Village

Map _____ Parcel _____ Registry Book _____ Page _____ Lot _____

Certificate _____ Land Court Plan _____ Lot _____

New Const./Alterations/Additions [] Voluntary Upgrade [] Failure []

Description of Variances Requested:

Title 5 310 CMR

Section:

Variance:

Town of Yarmouth Regulation

Section:

Variance:

Design Engineer/Registered Sanitarian: _____ Phone#: _____

(Design Engineer/Sanitarian is required to attend hearing as the representative.)

Signature of Applicant/Representative

Date