



Office of  
Board of Health

# *Town of Marshfield*

Board of Health  
870 Moraine Street  
Marshfield, Massachusetts, 02050  
Tel: 781-834-5558 Fax: 781-837-6047

## **Grant of Variance Subject to Conditions**

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Property Owner \_\_\_\_\_

Property Address \_\_\_\_\_

Title Reference \_\_\_\_\_

The Marshfield Board of Health hereby grants a variance from Title V of the State Environmental Code and/or the Marshfield Rules and Regulations for the Disposal of Sanitary Sewage, with respect to the above referenced property as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The grant of local variance approval is subject to the following conditions and/or restrictions:

There is to be no increase in sewage flow to the repaired subsurface sewage disposal system and no increase in square footage to the existing structure that results in an increase in sewage flow to the sewage disposal system.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marshfield Board of Health

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I/we, the undersigned property owner(s) hereby accept the within variance with the conditions and restrictions stated above.**

\_\_\_\_\_  
\_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**

**Then came the above named \_\_\_\_\_ and  
acknowledged the foregoing to be his/her free act and deed, before me**

\_\_\_\_\_

**Notary Public  
My Commission expires:**

**Note: 15.403(4) of Title 5 requires the system owner or operator to provide a copy of the local upgrade approval to the D.E.P. upon issuance by the Board of Health and before commencement of construction.**