



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: _____

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