



## Town of Southborough

### Board of Health

9 Cordaville Road, Lower Level  
Southborough, MA 01772-1662

Phone: (508) 481-3013

## BUILDING ALTERATION APPLICATION

**\*In addition to this application, you must also submit a hand drawn sketch (does not have to be to scale) showing all the heated rooms in the house on all floors, including basements, attics and lofts. Make sure to indicate the access between rooms and whether there are doors or not.**

### Residential:

**Value Range (No Deed Restriction)**  
Less than \$10,000 FEE: \$25 \_\_\_\_\_  
\$10,000 to \$15,000 FEE: \$35 \_\_\_\_\_  
\$15,000 to \$25,000 FEE: \$45 \_\_\_\_\_  
Over \$25,000 FEE: \$55 \_\_\_\_\_

**Value Range (With Deed Restriction)**  
Less than \$10,000 FEE: \$35 \_\_\_\_\_  
\$10,000 to \$15,000 FEE: \$45 \_\_\_\_\_  
\$15,000 to \$25,000 FEE: \$55 \_\_\_\_\_  
Over \$25,000 FEE: \$65 \_\_\_\_\_

**Commercial: Fee is based on complexity, alteration value, etc.**

### Value Range

|                                     |       |       |
|-------------------------------------|-------|-------|
| Change of use and less than \$5,000 | \$25  | _____ |
| \$5,000 to \$25,000                 | \$50  | _____ |
| \$25,000 to \$50,000                | \$100 | _____ |
| \$50,000 to \$100,000               | \$200 | _____ |
| \$100,000 to \$500,000              | \$400 | _____ |
| Greater than \$500,000              | \$800 | _____ |

**\* Change of use must be properly documented by an appropriate professional**

**Street Address:** \_\_\_\_\_

**DESCRIPTION OF ALTERATION** \_\_\_\_\_

### Septic System:

**System Size Based On** \_\_\_\_\_ **GAL/** \_\_\_\_\_

**No. of Bedrooms Prior to Project** \_\_\_\_\_ **No. of Bedrooms After Completion of Project** \_\_\_\_\_

**Assessor Map/Parcel #** \_\_\_\_\_ **Lot Size** \_\_\_\_\_ **/Acres or Sq. Ft. (circle one)**

You must pay the amount stated above in cash or by check (made out to the Town of Southborough) or through the **View Point Online Permitting System** before this application will be considered or reviewed.

It is required that the system location and system capacity be determined and accurately drawn on a plan; engineered plans may also be required. If engineered plans are required, request will be treated as a new Sewage Disposal System.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_  **Owner**  **Agent for Owner**

Approved      Denied      Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Revised 7/2021