



Town of Southborough

Board of Health

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

Phone: (508) 481-3013
Fax: (508) 229-2580

SWIMMING POOL CONSTRUCTION PERMIT APPLICATION

RESIDENTIAL

FEE \$25

Applicant Name _____ Owner Agent for Owner

Applicants Address _____ Phone _____

Street and Number _____

Assessors Map/ Parcel _____

Signature _____ Owner Agent for Owner

Date _____

A check or money order payable to the Town of Southborough in the amount of \$25 must accompany this application if it is to be accepted for review.

NOTE: An accurate sketch to scale showing the pool, the complete on-site sewage disposal system, including any expansion/reserve area **must** be submitted with this application.

FOR OFFICE USE ONLY

Fee _____ Check # _____

Approved Denied Reviewed by _____ Date _____

Notes: _____