



TOWN OF FREETOWN

OFFICE OF THE

BOARD OF HEALTH

3 North Main Street
PO Box 438-Assonet, MA 02702
508 644-2202

Addition / Alteration Plan Review

To: Building Inspector
Town of Freetown

Date _____

Re: Building Permit for _____, owner.
(Name(s))

Address/Location _____

Assessors Plot # _____ Lot # _____.

The following has been approved by the Board of Health:

_____ Alteration _____ Addition

_____ Septic System

_____ Accessory Structure

_____ Pool

_____ Tennis Court

_____ Deck

_____ Extension

_____ Garage

_____ Gazebo

_____ Sunroom

_____ Other _____

_____ Demolition (Pest Control)

****Please attach one set of plans to scale with alteration/addition in relation to septic system. Also include one set of construction plans.****

Fee: _____

Approval Date _____

Paid _____

Expiration Date _____

Date: _____

Health Agent Approval:
