



**TOWN OF FREETOWN
OFFICE OF THE
BOARD OF HEALTH**

APPLICATION FOR BOARD OF HEALTH VARIANCE

Property Location: _____ Date: _____

Property Owner: _____ Tel #: _____

Engineer: _____ Tel #: _____

TYPE OF VARIANCE REQUESTED:

1. _____
2. _____
3. _____
4. _____
5. _____

Repair: _____ New: _____

Signature of Engineer

Signature of Property Owner

FOR OFFICE USE ONLY

Health Agent's Report: _____

Recommend _____ Not Recommended _____

Approved _____ Denied _____

Chairman, Board of Health

Board of Health Remarks and Conditions: _____

*****PLEASE WRITE LEGIBLY*****