



Board of Health  
 Sutton Municipal Center  
 4 Uxbridge Road  
 Sutton, Massachusetts 01590  
 Tel: 508-865-8724  
 Fax: 508-865-8721

**BOARD OF HEALTH**

**PLAN EXTENSION**

**REQUEST TO EXTEND DESIGN PLAN PERIOD OF VALIDITY**

*In accordance with 310 CMR 15.020 Approved Disposal System Construction Permit Applications (septic designs) are to be completed within 3 years of issuance (approval date of plan) of Permit Application. The Local Approving Authority may extend that date by one year if the request is made prior to the extension of the 3 year timeframe. Only one extension may be granted. Failure to request an extension within the 3 years OR if a Certificate of Compliance is not issued within the one year extension timeframe a new permit application will be required. This will include a request to extend Soils/Percolation testing and submittal of new design plans. Any changes in State or Local regulations in effect will be required to be shown on the re-submitted plans.*

**FEE: \$100.00**

(Check made payable to the Town of Sutton)

DATE: \_\_\_\_\_

I hereby make a request to the Sutton Board of Health to Extend the Disposal System Construction Permit Application by one year at the following location:

Property Location: \_\_\_\_\_ Sutton Permit # \_\_\_\_\_  
 (Obtained from Application for soils testing)

Date of Plan: \_\_\_\_\_ Date of Last Revision noted on Plan: \_\_\_\_\_

Date on Plan of Board of Health Approval: \_\_\_\_\_

Name of Design Plan Engineer: \_\_\_\_\_

Property Owner \_\_\_\_\_ Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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**For Board of Health Use Only**

Date of Inspection of above referenced property: \_\_\_\_\_

Board of Health Recommendation:            *Approved*                            *Disapproved*

Reason for disapproval: \_\_\_\_\_

Design Plan extended to date: \_\_\_\_\_

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Signature of Board of Health Agent