



# Town of Berkley

Massachusetts

Offices of

## Board of Health

One North Main Street

Berkley, MA 02779

Phone : 508-822-7828

Email : [boardofhealth@berkleyma.us](mailto:boardofhealth@berkleyma.us)

### Application for Title V Inspection

#### Address Information:

- 1) \_\_\_\_\_  
Street Address Map & Lot #
- 2) \_\_\_\_\_  
Owner's Name Phone #
- 3) \_\_\_\_\_  
Address
- 4) \_\_\_\_\_  
Phone # Date

#### Contact Person:

- 5) \_\_\_\_\_  
Name Phone # Cell #
- 6) Person performing test: \_\_\_\_\_  
Phone # \_\_\_\_\_ License # \_\_\_\_\_
- 7) Name \_\_\_\_\_ Address \_\_\_\_\_

Owner of digging equipment must provide certificate of insurance.

Operator must have a valid Massachusetts Hoister's License.

Give License # \_\_\_\_\_

#### Documents:

Copy of existing floor plan is required with application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Application must be completed in full – No Exceptions

(A copy must be submitted to the Board of Health by the applicant.)

Fee for the Board of Health is \$150.00.

Inspector must make an appointment for the Board of Health to witness.