



Town of Berkley

Massachusetts

Offices of

Board of Health

One North Main Street

Berkley, MA 02779

Phone : 508-822-7828

Email : *boardofhealth@berkleyma.gov*

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.