



Public Health
Prevent. Promote. Protect.

**Town of Westwood
Commonwealth of Massachusetts
Board of Health**

Application For Plan Review

Application Number:

Date:

Non Refundable Fee: \$250.00 Checks made payable to Town of Westwood

Type of Operation: _____Swimming Pool _____Mobile Food _____Tanning _____ Hotel/Motel

Name of Business: _____

Business Address: _____

Business Phone Number: _____ Fax Number: _____

Name of Owner: _____ Owner's Phone Number: _____

Mailing Address: _____ Email Address: _____

Applicant's Name: _____ Applicant's Title: _____

Mailing Address: _____ Email Address: _____

Total Square Footage of Facility: _____

Projected Dates For Project: Start: _____ Finish: _____

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from this office may nullify this approval.

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Owner(s) or Responsible Representative Signature

Date

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulations that may be required (federal, state, or local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

Submit the following documents listed:

1. This completed Plan Application with the \$250.00 plan review fee
2. Properly prepared plans, stamped by a Professional Engineer or Architect, accurately drawn to a minimum scale of 1/4 inch = 1 foot, a minimum of 24 x 36 inches in size, to include the proposed layout (equipment clearly labeled), mechanical schematics, construction materials and finish schedule
3. Equipment specifications