



BOARD OF HEALTH  
**TOWN OF FOXBOROUGH**  
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET  
Tel. (508) 543-1207  
Fax (508) 543-6278

**SEPTIC PLAN**  
**AMENDMENT FORM**

The Engineer for \_\_\_\_\_  
(property address septic design plans are for)

must check off the below two items in order to determine if Conservation must sign off on the septic plans.

Is the proposed project located within the following buffer zones or resource areas?

1. Within 100 feet of a wetland or vernal pool: Yes \_\_\_\* No \_\_\_ (exempt)
2. Within 200 feet of a river or stream: Yes \_\_\_\* No \_\_\_ (exempt)

**\*If yes has been checked, a wetland application must be filed with the Conservation Commission. (Visit the Commission's website: [www.foxboroughma.gov](http://www.foxboroughma.gov))**

3. Does this plan require a plumbing permit: Yes \_\_\_ No \_\_\_
4. Does this plan require an electrical permit: Yes \_\_\_ No \_\_\_

**The COC will not be issued until copies of the above permits have been received.**

\_\_\_\_\_  
Engineer's Name (Please Print Clearly)

\_\_\_\_\_  
Engineer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name