



TOWN OF BREWSTER
2198 MAIN STREET
BREWSTER, MA 02631
PHONE: (508) 896-3701 EXT 1120
FAX: (508) 896-4538
BRHEALTH@BREWSTER-MA.GOV

OFFICE OF
HEALTH DEPARTMENT

CHECK LIST FOR VARIANCE/LOCAL UPGRADE APPROVAL APPLICATION(S)

Variances will be considered by the Board of Health at their regularly scheduled meeting on the **FIRST WEDNESDAY OF EACH MONTH** at 6:30p.m., Town Hall, 2198 Main Street (unless otherwise noted-please confirm)

BOARD OF HEALTH PUBLIC HEARING CHECK LIST:

The following information shall be submitted **14 days** prior to the scheduled hearing:

- ☐ Completed Application for Variances
 - ☐ Six (6) Site/Septic Plans
 - ☐ Six (6) Floor Plans (existing & proposed layouts)
 - ☐ If necessary, a copy of the hearing notice sent to abutters (notice shall include a description of requested variance) (please check with the office)
 - ☐ If necessary, a list of abutter's names and mailing addresses (**abutters shall be identified through a list obtained from the Brewster Assessor's Department. The certified mail receipts shall be submitted to the Board of Health at the time of the hearing**) (please check with the office)
 - ☐ Filing Fee: \$75.00
 - ☐ On the application please reference the specific regulation of Title 5 and/or the Brewster Board of Health Regulations from which the variance/upgrade is being sought including (add sheets if needed):
 - ◇ A description of the variance/upgrade being sought, for example, "a 25' variance to the 100-foot setback requirement, 75' provided".
 - ◇ A statement outlining why full compliance with Title 5 is not feasible.
 - ◇ A description of the restrictive physical conditions of the site.
 - ◇ A statement establishing enforcement of the provision from which a variance is sought would be manifestly unjust, considering all the relevant facts and circumstances of the individual case.
 - ◇ A statement that the proposed system provides the same level of environmental protection that would be provided under Title 5 and the Brewster Board of Health regulations.
- In the case of new construction, a statement must be made showing:
- ◇ Enforcement of the provision from which a variance is being sought will deprive the applicant of all beneficial use of the subject property.

IN-HOUSE LOCAL UPGRADE APPROVAL CHECK LIST:

The following information shall be submitted for approval by the Health Department:

- ☐ Completed application for Board of Health variances (Check In-House Local Upgrade Approval Box)
- ☐ Three (3) Site/Septic plans
- ☐ One (1) floor plan (existing & proposed of entire dwelling)
- ☐ Copy of notice sent to abutters
- ☐ List of abutters names and mailing addresses (Abutters list must be obtained from the Assessor's Department)
- ☐ Filing fee (see above)
- ☐ Certified Mail receipts (green post cards) shall be submitted prior to the issuance or signature of permits

In accordance with Title 5, abutters must be notified at least 10 days prior to action by the Board Of Health. The Health Department has 45 days to review the application in accordance with M.G.L., Chapter 111. Written decisions will be sent to the applicant and a copy to the design Engineer.

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OFFICE OF
HEALTH DEPARTMENT

Received: _____ Paid: _____
Abutter Deadline: _____

Application for Board of Health Variances

☐ In-House Local Upgrade Approval ☐ Public Hearing

Date: _____

SUBJECT PROPERTY ADDRESS: _____

Map: _____ Parcel: _____ Book: _____ Page: _____ LC Certificate: _____
LC Plan: _____ Lot: _____

Name of Applicant: _____

Mailing Address: _____

Telephone # _____ Email: _____

Owner(s) of Record : _____

Mailing Address: _____

Design Engineer/Sanitarian: _____ Firm/Company Name: _____

Mailing Address: _____

Telephone #: _____ Email address: _____

Signature: _____
Applicant or Engineer

New Construction ☐ Voluntary Upgrade ☐ Addition/Alteration ☐ Failed system ☐ Real Estate Transfer ☐

Design flow of existing system: _____

Reason for failure: _____

Design flow of proposed system: _____

Total sewage flow of site: _____

Total lot size (sf): _____

Conservation Commission approval required: yes ☐ no ☐

Order of Conditions/Det. Of Applicability attached ☐

Date of ConCom hearing: _____

List of all Variances from State and Local codes (add sheets if needed)

TITLE 5, Sec. #:	Description of Variance(s)

Brewster Reg. #:	Description of Variance(s)

Approved by: _____ Date: _____

Health Department

BREWSTER IN-HOUSE SEPTIC LOCAL UPGRADE APPROVAL NOTICE:

Date: _____

Re: _____ Map: _____ Lot: _____
Subject Address

Dear Abutter:

Please be advised that an application for septic local upgrade approvals from the regulations of the Massachusetts Department of Environmental Protection, Title 5 and/or the Town of Brewster Regulations for Subsurface Disposal of Sewage, has been submitted to the Brewster Health Department for approval. The following variances are requested:

List of all variances from State and Town Codes

Title 5, Sec #	Description of Variance(s)

Brewster Reg. #	Description of Variance(s)

The application and plans are available for review and comment at the Brewster Health Department, Brewster Town Offices, 2198 Main Street Brewster, Monday through Friday (excluding holidays) from 8:30 a.m. to 4:00 p.m.

Sincerely,

Applicant/Representative

CC: Brewster Health Department

BREWSTER BOARD OF HEALTH PUBLIC HEARING NOTICE

Date: _____

Re: _____ Map: _____ Lot: _____
Subject Address

Dear Abutter:

A public hearing has been scheduled for the Brewster Board of Health to take action on an application for variances from the regulations of the Massachusetts Department of Environmental Protection, Title 5, and/or the Town of Brewster Regulations for Subsurface Disposal of Sewage. The following variances are requested:

List of all variances from State and Town Codes

Title 5, Sec. #	Description of variance(s)

Brewster Reg. #	Description of variance(s)

Said hearing will be held at the Brewster Town Offices, 2198 Main Street, Brewster, on _____
at 6:30 p.m.

The application and plans are available for review at the Brewster Health Department, Brewster Town Offices, 2198 Main Street, Brewster, MA, Monday through Friday (excluding holidays) from 8:30 a.m. to 4:00 p.m.

Sincerely,

Applicant/Representative

CC: Brewster Health Department