



TOWN OF SOUTHAMPTON
MASSACHUSETTS

Board of Health

Board of Health Members

Kaitlin Swistak- Rooks, Chair
Leah Carrasquillo, Vice Chair
Kathryn Savarese, Clerk

APPLICATION TEMPORARY HOUSING PERMIT

Permit #

Fee \$300.00

105CMR410.010 Temporary Housing means any structure used for human habitation which is: (1) A mobile structure, including a tent, that is attached to the ground, to another structure, or to any utility system, on the same premises for less than 30 calendar days; or (2) A mobile or permanent structure that provides basic shelter and contains at least one habitable room for living, sleeping, eating, cooking or sanitation that is intended to be occupied by a single family or household for intermittent periods of time not to exceed 90 consecutive days.

NAME AND TITLE OF APPLICANT _____

PHONE NUMBER OF APPLICANT _____

EMAIL OF APPLICANT _____

NAME OF ESTABLISHMENT _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

NAME OF OWNER _____

EMERGENCY RESPONSE PERSON: NAME _____

CONTACT INFORMATION: _____

LOCATION/ADDRESS OF TEMPORARY
HOUSING _____

Signature of Individual or Corporation

Date

Corporation ID Number: _____

Purpose of the Temporary housing: Pleasure, Business, Emergency, Other:

Please provide the reason for this request:

Is potable water being supplied? (List source)

Provide water test result within the last 30 days. (If applicable.)

Both Coliform Bacterium and Secondary standards test results. (Attached by a certified state lab).

In what manner is sewage being collected and disposed of? Temporary toilets, kitchen sinks, bathroom sinks and bathing?

Describe area for sleeping purposes?

Number of occupants, (children)?

Please explain entry and egress, ventilation and lighting of the building.

Are smoke and CO detectors provided? _____

Are bathroom/shower units being provided (if so, in what manner?)

Are hand washing facilities with hot and cold water being provided (if so, in what manner?)

Is cooking area provided (if so, in what manner)?

What is the time period which you request this permit? _____

Are you aware of local emergency contact information? Is it posted? And can this location be recognized by the street address for emergency personnel?

Building Inspector sign off. _____ Date: _____

Fire Chief Sign Off. _____ Date: _____

Is a wetlands being impacted by this activity?

Any other information that would help the Board in determining if a permit should be issued _____

You are advised: 105CMR 410.120: Approved Toilets The following are approved for residential use:

(A) Flush toilets.

(B) Humus/Composting toilets provided they meet the requirements of 310 CMR 15.000: The State Environmental Code, Title 5: Standard Requirements for the Siting, Construction, Inspection, Upgrade and Expansion of On-site Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septage.

(C) Incinerating toilets provided they meet the requirements of 248 CMR 10.00: Uniform State Plumbing Code.

(D) A privy, as defined in 310 CMR 15.000: The State Environmental Code, Title 5: Standard Requirements for the Siting, Construction, Inspection, Upgrade and Expansion of On-site Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septage and for the Transport and Disposal of Septage, or chemical toilet, provided it is approved in writing by the board of health. The board of health shall not approve a privy or chemical toilet that: (1) Endangers the health of any person; or (2) Causes objectionable odors or other undue annoyance. **In no event may a privy be located within 30 feet of any building used for sleeping or eating, or of any lot line or street.**

105CMR410.440: Temporary Housing (A) No person may allow temporary housing to be occupied without the written permission of the board of health.

(B) All temporary housing shall be subject to the requirements of 105 CMR 410.000, except as the board of health may otherwise provide in its written permission

