



City of Medford

Board of Health

MaryAnn O'Connor
Director

City Hall – Room 311
85 George P. Hassett Drive
Medford, Massachusetts 02155

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Plan Review Application

Review Type:

- Initial
- Re-review

Fee (**Payable by Check Only**):

- Initial – see below Check#: _____
- Re-review - \$50.00 Check#: _____

Type of Plan:

- Swimming Pool \$150.00
- Body Art Establishment **\$250.00**
- Tanning Establishment \$150.00
- Other \$150.00

Include:

- Copy of Complete Plan, including the scale, a legend, all mechanical, surface types, plumbing, electrical, etc.
- Check made payable to City of Medford
- Completed Appropriate Application

Location of Establishment: _____

Owner Information

Name: _____

Address: _____

Contractor Information

Name: _____

Address: _____

Pursuant to M.G.L., C. 62C, S. 49A, I _____ certify that under the pains and penalties of perjury that I have filed all Massachusetts tax returns and paid all Massachusetts tax returns and paid all taxes required under law. I further certify that all Medford taxes, whether real estate property or private property, fines, fees and penalties have been paid.

Signature of Owner/Agent

Date

Board of Health Review Approval/Denial

Board of Health Reviewer: _____

Reviewer Signature

Date

Reviewer Title

APPROVAL: _____

DATE: _____

DISAPPROVAL: _____

DATE: _____

REASON FOR DISAPPROVAL:
