



City of Medford

Board of Health

MaryAnn O'Connor
Director

City Hall – Room 311
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Medford, Massachusetts 02155

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Plan Review Application

June, 2025

Review Type:

- ☐ Initial
☐ Re-review

Fee (Payable by Check Only):

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

Type of Plan:

- ☐ Body Art Establishment **\$250.00**
☐ Tanning Establishment **\$150.00**
☐ Other (non-Swimming Pool) **\$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:
