Town of Marshfield
Board of Health
870 Moraine Street
Marshfield, Massachusetts 02050
Tel: 781-834-5558 Fax: 781-837-6047

Grant of Variance
Subject to Conditions

Date _____

Applicant _____

Property Owner _____

Property Address _____

Title Reference _____

The Marshfield Board of Health hereby grants a variance from Title V of the State Environmental Code and/or the Marshfield Rules and Regulations for the Disposal of Sanitary Sewage, with respect to the above referenced property as follows:

_____
_____
_____
_____
_____

The grant of local variance approval is subject to the following conditions and/or restrictions:

There is to be no increase in sewage flow to the repaired subsurface sewage disposal system and no increase in square footage to the existing structure that results in an increase in sewage flow to the sewage disposal system.
_____
_____

Marshfield Board of Health

_____
_____
_____

I/we, the undersigned property owner(s) hereby accept the within variance with the conditions and restrictions stated above.

_____

_____

COMMONWEALTH OF MASSACHUSETTS

Then came the above named_____and acknowledged the foregoing to be his/her free act and deed, before me

_____

Notary Public
My Commission expires:

Note: 15.413: Conditioning of Variances:
Title 5 requires the facility owner shall record or register in the chain of title for the property served by the proposed subsurface sewage system at the Registry of Deeds or the Land Registration Office, as applicable, a deed restriction limiting any increase in sewage flow to the repaired subsurface sewage disposal system and no increase in square footage to the existing structure that results in an increase in sewage flow to the sewage disposal system.