



Gail Joseph
Health Agent

Town of Mattapoisett

Board of Health

16 Main Street
Mattapoisett, MA 02739

Carmelo Nicolosi
Board Member

Russell Bailey
Board Member

Michele Bernier
Board Member

Addition-Alteration Application

Date: _____

Fee: _____

Address: _____

Owner: _____

Phone Number: _____ Email: _____

Circle which one applies:

Alteration or Addition

Check which one applies:

_____ Above Ground Pool _____ Inground Pool _____ Tennis Court

_____ Shed _____ Deck _____ Garage

_____ Gazebo _____ Sunroom _____ Other

**** Please attach one set of plans to scale with alteration/ addition in relation to septic system.
Also include one set of construction plans ****

Fee Key:

Structures up to 150 s.f.- \$25.00
Structures 150 s.f. and above- \$50.00
Above ground pool- \$50.00
Inground pool- \$100.00
Tennis Court- \$100.00

Office Use:

Approval Date: _____

Expiration Date: _____

Health Agent Approval:
