

# PUBLIC WORKS DEPARTMENT

Water, Wastewater, Highway, Cemetery & Parks Divisions  
Daniel F. Nason, Director



# TOWN OF NORTHBOROUGH

63 MAIN STREET  
NORTHBOROUGH, MA 01532  
T: (508) 393-5030  
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## GREASE TRAP INSTALLATION PERMIT

ISSUED BY THE NORTHBOROUGH PUBLIC WORKS DEPARTMENT

☐ DPW File  
☐ Installer  
☐ Owner  
☐ Engineer

Owner: \_\_\_\_\_  
(Nontransferable – Formal transfer must be requested upon change of ownership)

Location of Installation: \_\_\_\_\_ Lot/Unit#: \_\_\_\_\_

Assessor's Parcel #: \_\_\_\_\_ Map #: \_\_\_\_\_

PERMIT ISSUE DATE: \_\_\_\_\_ WATER SUPPLY: ☐ PUBLIC ☐ PRIVATE

ENGINEERED PLAN PREPARED FOR: \_\_\_\_\_

ENGINEERED PLAN DESIGNED BY: \_\_\_\_\_  
Firm/Company Name

MASSACHUSETTS REGISTERED PE: \_\_\_\_\_ PE#: \_\_\_\_\_  
Name

PLAN NUMBER: \_\_\_\_\_ PLAN DATE: \_\_\_\_\_ REVISED THROUGH: \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

VARIANCES SOUGHT: \_\_\_\_\_ APPROVED: \_\_\_\_\_  
Public Works Director

I agree upon accepting this PERMIT to comply with all Northborough Public Works' rules and regulations and the State Environmental Code during all phases of installing the grease trap; and if I am the contractor installing this system, I further agree to correct any fault caused by defective material or workmanship appearing in this system within one year from date of occupancy.

Signed: \_\_\_\_\_ ☐ Owner ☐ Contractor ☐ Authorized Installer

### CERTIFICATE OF COMPLIANCE

Authorized Installer: \_\_\_\_\_

#### REQUIRED INSPECTIONS:

<input type="checkbox"/> Bed of excavation, before fill (Bottom)	Date: _____	By: _____
<input type="checkbox"/> Prior to backfill (trap installed & leveled)	Date: _____	By: _____
<input type="checkbox"/> Finish grade	Date: _____	By: _____
<input type="checkbox"/> As-Built plan <input type="checkbox"/> Design Engineer <input type="checkbox"/> Installer	Date: _____	By: _____
<input type="checkbox"/> Recorded Deed Restrictions/Easement(s)	Date: _____	By: _____
<input type="checkbox"/> _____	Date: _____	By: _____
<input type="checkbox"/> All inspections completed	Date: _____	By: _____