



TOWN OF SPENCER
Office of the
Board of Health

Memorial Town Hall
157 Main Street
Spencer, MA 01562
Tel. 508-885-7500 Ext. 180
Fax 508-885-7519

SEPTIC COMPONENT REPAIR PERMIT
FEE: \$65.00

PERMIT NUMBER _____ **CHECK #** _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SITE ADDRESS: _____

(IF DIFFERENT)

DETAILED DESCRIPTION OF WORK TO BE PERFORMED:

CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____

(CITY, STATE, ZIP CODE)

TELEPHONE NUMBER: _____

OWNER SIGNATURE: _____

DATE: _____