



TOWN OF PROVINCETOWN
BOARD OF HEALTH

APPLICATION TO APPEAR BEFORE THE BOARD OF HEALTH

FORM BOH_AGENDA

Applicant Name _____ Telephone Number _____

Address of Property to be Discussed by Board of Health _____

Applicant Mailing Address _____

Representative of Applicant to Appear Before the Board of Health _____ Telephone Number _____

Representative Mailing Address _____

REASON FOR REQUEST TO APPEAR BEFORE THE BOARD OF HEALTH
(ONE APPLICATION PER REQUEST)

- REQUEST ADMINISTRATIVE CONSENT ORDER
- HISTORIC BEDROOM REQUEST
- OUTDOOR SMOKING AREA REQUEST
- VARIANCE REQUEST (SELECT TYPE OF VARIANCE REQUESTED)
 - TITLE 5 (SEPTIC SYSTEM, ETC.)
 - FOOD CODE (DOG DINING, ETC.)
 - OTHER (PLEASE LIST)
- NEW PERMIT OR LICENSE APPLICANT (SELECT ONE)

<input type="checkbox"/> BODY ART TECHNICIAN	<input type="checkbox"/> FUNERAL DIRECTOR	<input type="checkbox"/> SEPTAGE HAULER
<input type="checkbox"/> BODY ART ESTABLISHMENT	<input type="checkbox"/> TOBACCO SALES	<input type="checkbox"/> SEPTIC INSTALLER
<input type="checkbox"/> UNDERGROUND FUEL STORAGE	<input type="checkbox"/> TANNING FACILITY	<input type="checkbox"/> SEPTIC INSPECTOR
<input type="checkbox"/> COMMERCIAL RUBBISH HAULER	<input type="checkbox"/> STABLE FACILITY	<input type="checkbox"/> SEWER CONNECTOR
<input type="checkbox"/> PUBLIC OR SEMI-PUBLIC POOL OR HOT TUB		
- APPEAL HEALTH AGENT DECISION
LIST DECISION DETAILS:
- OTHER (PLEASE LIST)

Description of Request: _____

Attach additional information and documentation to share with the Board of Health.
If your request involves a change in floor plans for a property, include both existing and proposed floor plans.

** APPLICATIONS FOR A VARIANCE, APPEAL, OR PUBLIC HEARING MUST BE FILED WITH THE HEALTH DEPARTMENT AT
LEAST TWO WEEKS PRIOR TO BOARD OF HEALTH MEETING DATE **

** ALL OTHER AGENDA ITEMS MUST BE FILED WITH THE HEALTH DEPARTMENT 48 HOURS PRIOR TO BOARD OF HEALTH MEETING DATE **

** EITHER THE APPLICANT OR A REPRESENTATIVE FOR THE APPLICANT MUST ATTEND THE BOARD OF HEALTH MEETING TO PRESENT THE CASE **

APPLICANT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED _____ DATE OF BOARD OF HEALTH MEETING _____