



**Town of Dedham**  
 Board of Health  
 26 Bryant St.  
 Dedham, MA 02026  
 (781) 751- 9220  
 F: (781) 751-9229  
 www.dedham-ma.gov



## Request for Plan Review Invoice

**Establishment:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
                   Dedham, MA 02026  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_                      Emergency #: \_\_\_\_\_  
 Contact person: \_\_\_\_\_              Phone #: \_\_\_\_\_

**Type of Review:**

	<b>Fees</b>
Pool/Spa New Construction .....	\$100.00
Pool/Spa Upgrade .....	\$50.00
Septic- New Construction .....	\$100.00
Septic- Repair .....	\$50.00
<b>Retail:</b>	
Small Convenience Store .....	\$50.00
Large Convenience Store .....	\$75.00
Large Market/Warehouse .....	\$200.00
<b>Restaurant:</b>	
Less than 25 seats .....	\$25.00
26-50 seats .....	\$100.00
51 or more seats .....	\$200.00

Any changes to any plan above each change are \$50.00.

Date plans and requests were submitted: \_\_\_\_\_

*Please note that the Board of Health has 30 days to review plans, once submitted. Please allow time accordingly.*

\_\_\_\_\_  
 Applicant/Owners Signature

\_\_\_\_\_  
 Date