



TOWNSHIP OF CHESTERFIELD
BURLINGTON COUNTY, NEW JERSEY

BOARD OF HEALTH
INSTRUCTIONS TO REQUEST WAIVER

PLEASE INCLUDE THE FOLLOWING FEES IN **SEPARATE CHECKS!!**

Application fee: \$25.00

Escrow Fee: \$100.00

Please complete the attached application and submit to the Office of the Township Clerk anytime Monday through Friday between 8:30 AM and 4:00 PM. The application must be received at least ten (10) days prior to the Board of Health meeting. Meetings are held the second Thursday of each month during the Township Committee meeting which begins at 6:30 PM.

Along with the completed Township application, please submit nine (9) copies of the proposed design. At least two (2) of the plans must be full size, the remainder can be reduced size. One of the full size plans will be forwarded by this office to the Township Engineer who will review it for compliance with the Township Ordinance.

Also submit seven (9) copies of the Burlington County Board of Health Application for Septic System.

NEXT MEETING DATE: _____

PLANS DUE FOR THAT MEETING: _____

If you have any questions, please do not hesitate to call the Clerk's office.

**CHESTERFIELD TOWNSHIP BOARD OF HEALTH
REQUEST FOR WAIVER**

PROPERTY LOCATION: _____

BLOCK: _____ **LOT:** _____

PROPERTY OWNER/APPLICANT: _____

MAILING ADDRESS: _____

PHONE: _____ **FAX:** _____

APPLICANT'S ENGINEER: _____

PHONE: _____ **FAX:** _____

I hereby request a waiver of the requirements of the Chapter 216 Article I of the Code of the Township of Chesterfield as follows:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

date

signature of applicant

FOR TOWNSHIP USE ONLY

MEETING DATE: _____ **APPROVED:** ____ **DENIED:** ____

CONDITIONS:

