



Town of Carlisle
Office of
BOARD OF HEALTH
66 Westford Street
Carlisle, MA 01741

Tel.: (978) 369-0283
Fax: (978) 369-4521

Fee: \$75.00

Payable to the Town of Carlisle

Application for Transfer of a Septic Plan Ownership/Address/Other

Property Address (title block on septic plan):

Change in Ownership:

New property owner's name: _____

Address of new owner: _____

Telephone of new owner: _____

E-mail of new owner: _____

Change in Address:

New address Map and Parcel number: _____

Street Name and/or House Number: _____

Change in Engineering Firm:

Company: _____

Address: _____ Phone: _____

Email: _____ Fax: _____

Other Request: _____

Application submitted by: _____

All Title 5 Legal documents including SDS Permit and Certificate of Compliance will be released only to the current owner of record or a designated representative.