



TOWN OF TEWKSBURY

HEALTH DEPARTMENT

TOWN HALL

1009 MAIN STREET

TEWKSBURY, MASSACHUSETTS 01876

(978) 640-4470

Fax: (978) 640-4472

health@tewbksbury-ma.gov

Permit # _____

Fee **\$100.00** (PAYMENT DUE WITH APPLICATION)

APPLICATION FOR EXTERNAL GREASE TANK PERMIT

In Accordance to the Tewksbury Board of Health Regulations Chapter 9 Grease Tank & Grease Trap Requirements for Food Establishments
Application for a Permit to Construct and Install an Exterior Grease Tank

Location	Owner's Name
Map/Parcel #	Address
Lot #	Telephone #
Installer's Name	Designer's Name
Address	Address
Telephone #	Telephone #

Type of Building: _____

Lot Size: _____ Square feet

Size of Tank: _____

Plan (please attach 4 copies of plans – drawn to quarter scale):

Date: _____

Number of Sheets: _____

Revision Date: _____

ATTACH THE FOLLOWING APPLICABLE DOCUMENTS:

- Plan attached drawn to scale of 1/4"=1' (4 copies needed)
- "Workers' Compensation Insurance Affidavit: General Business" (signed by you)
- Insurance Binder with your facility name and address (from your insurance company)

× _____
SIGNATURE OF APPLICANT

FOR BOARD OF HEALTH USE ONLY

Date Received

Check Number

Amount Paid

Permit # Issued

Permit # _____

Fee \$100.00

THE COMMONWEALTH OF MASSACHUSETTS
TEWKSBURY BOARD OF HEALTH

GREASE TANK CONSTRUCTION PERMIT

Permission is hereby granted to construct an external grease tank at: _____
In Accordance with the Tewksbury Board of Health Regulations Chapter 9 Grease Tank & Grease Trap Requirements for
Food Establishments

Date: _____ Board of Health: _____