

TOWN OF FRANKLIN
BOARD OF HEALTH

Bruce J. Hunchard, Chairman
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Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

No. _____

Fee: _____

PERMIT APPLICATION FOR ABRASIVE (SAND) BLASTING

Date: _____

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

TELEPHONE NO. _____

ADDRESS OF SITE _____

TYPE OF BUILDING _____

NAME OF OWNER _____

ADDRESS OF OWNER _____

ANY LEAD OR ASBESTOS FOUND ON STRUCTURE _____ YES _____ NO

APPLICANT'S SIGNATURE _____

PROPOSED DATE OF PERFORMANCE _____

APPROVED ()

DISAPPROVED ()

BOARD OF HEALTH

