



Town of Ayer

BOARD OF HEALTH

Town Hall – 1 Main Street – Ayer, MA 01432 – 978-772-882 ext. 145

Aquifer Protection District Permit

Applicant's Information:

Name: _____

Address: _____

Phone #: _____

Email: _____

Representative (if any):

Firm/Company: _____

Contact Name: _____

Address: _____

Phone #: _____

Email: _____

Project Description:

Use maps and/or plans to identify the location of the are subject to this request.

Address: _____

Assessors Map/Plot #: _____

Parcel/Lot #: _____

Area Description: _____

Plan/Map Ref.: _____
(list title & date)

Summary of Request: _____

Please attach any additional documents to this form.