



Board of Health

Town of Royalston

5 School Street PO Box 54. Royalston MA. 01368

Tel (978)249-3617

Email: boh@royalston-ma.gov

Fee: \$50

Application for Permit to Operate Family Type Campground/Cabins

Date: _____

Name of Establishment: _____

Business Address: _____

Phone: _____ Email: _____

Mailing Address (If different): _____

Name and Title of Applicant: _____

Name of Owner (If different): _____

Number of Cabins: _____ Number of Camp Sites: _____

Water Source (please check): * Private _____ Public _____

*If private well water is the source provide a recent copy of well quality test with this application.

Sewage Disposal (please check): Town Sewer _____ Private Septic System _____

Name of Rubbish hauler: _____

Frequency of Rubbish pick up (please include day(s) of the week): _____

According to the State Sanitary Code 105 CMR 440.000: MINIMUM STANDARDS FOR DEVELOPED FAMILY TYPE CAMP GROUNDS (STATE SANITARY CODE, CHAPTER VI) you are responsible for complying with the regulations. It is required that you obtain a copy of the State Sanitary Code 105 CMR 440.000 to keep on site at your establishment. The Royalston Board of Health enforces the State Sanitary Code and responds to complaints regarding any health and safety issues. You can find the Code online by typing in a web search for: 105 CMR 440.000.

"I certify that the information I have provided in this application, to the best of my knowledge and belief, it and all accompanying schedules and statements are true, correct and complete. I have read and understand the regulations pertaining to the operation of my establishment according to the State of MA 105 CMR 440.000 and will comply with said regulations."

Applicant Signature: _____ Date: _____

Applicant Print Name: _____

All checks must be made payable to the Town of Royalston