



TOWN OF WENDELL

Board of Health

P.O. Box 41, Wendell, MA 01379

(978) 544-3395 ext. 106

boardofhealth@wendellmass.us

APPLICATION FOR HOME CEMETERY PERMIT

Fee: \$50 to be paid at time of application by check to Town of Wendell

I, (please print) _____, hereby request a permit to have a Home Cemetery located at this address: _____.

Date of Application: _____

Tax Assessor's Map and Lot Number: _____

Fee paid: \$ _____ Received by: _____

Property Owner(s): _____

I understand that it is my responsibility to arrange for and pay all fees for creating the cemetery.

Applicant Signature: _____ Date: _____

Sketch of Property below (not to scale) or attach drawing:

See next page for any additional permit conditions.

Application approved by : _____ Date: _____

Wendell Board of Health Member or Health Agent

Additional permit conditions:
