

Application Date _____

State Approval Date _____

Town Approval Date _____

TOWN OF BELMONT

APPLICATION FOR SEWAGE PERMIT

APPLICATION FOR PRIVATE SEWAGE DISPOSAL W.S.P.C.C. _____

APPLICATION TO CONNECT TO PUBLIC SEWER SYSTEM

FEE (\$1000.00) PAID _____ DATE _____ 20 _____

- NEW
- REPAIR
- REPLACEMENT

WATER SUPPLY

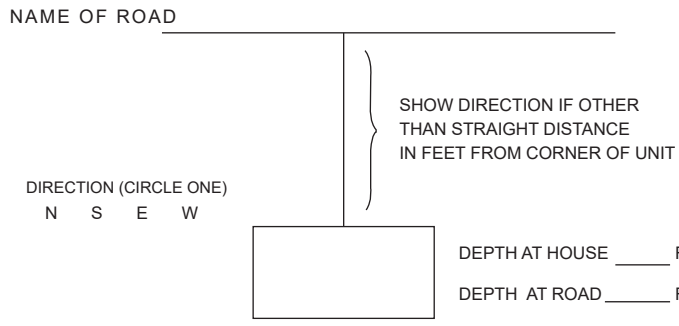
- PUBLIC
- PRIVATE

OWNER _____
 BILLING ADDRESS _____ PHONE _____
 LOCATION OF SYSTEM _____ ZONE _____
 TYPE OF BUILDING _____ MAP & LOT _____
 CONTRACTOR _____ INSTALLER # _____ DATE _____
 ARE THERE FOUNDATION DRAINS? YES NO

PUBLIC SEWER SYSTEM

RESIDENTIAL: # OF UNITS _____ COMM./INDUSTRIAL: # OF EMPLOYEES _____
 HOTEL/MOTEL: # OF UNITS _____ RESTAURANT: SEATING CAPACITY _____

PUBLIC SEWER SYSTEM



PRIVATE SEWAGE DISPOSAL

(Replacement Only)

TYPE OF CONSTRUCTION:

Septic tank & leach field _____
 Septic tank only _____
 Leach field only _____
 Dry well only _____
 Other _____

TYPE OF SOIL: Sand _____ Gravel _____ Hardpan _____
 Clay _____ Other _____

Distance to ledge if less than eight (8) feet _____ ft
 Distance to nearest surface water _____ ft

I agree for myself, my heirs and assigns, to hold and save harmless, from any loss, cost, damage or expense, happening by reason of any defect or blockage of said Sanitary sewer, the Town of Belmont, N.H. I further agree not to discharge into the sanitary sewer any surface water, cellar water or water from rain conductors.

INSPECTION CERTIFICATION:

APPROVED

DENIED

TOWN SEWAGE INSPECTOR OR HEALTH OFFICER

DATE

NOTIFY INSPECTOR FOR INSPECTION BEFORE COVERING

The undersigned hereby applies for permission to construct a disposal system as described above. All construction to be completed in accordance with Town Ordinances, Town of Belmont, and State of New Hampshire regulations.

SIGNATURE OF OWNER OR APPLICANT

ADDRESS

NAME OF CONTRACTOR (Print)

ADDRESS

W. S.P.C.C. AGENT

DATE

CONSTRUCTION NOT AUTHORIZED UNTIL PERMIT IS ISSUED