

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 (\$100.00) PAID \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_\_

- NEW
- REPAIR
- REPLACEMENT

OWNER \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

LOCATION OF SYSTEM \_\_\_\_\_ ZONE \_\_\_\_\_

TYPE OF BUILDING \_\_\_\_\_ MAP & LOT \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ INSTALLER # \_\_\_\_\_ DATE \_\_\_\_\_

ARE THERE FOUNDATION DRAINS?  YES  NO

**WATER SUPPLY**

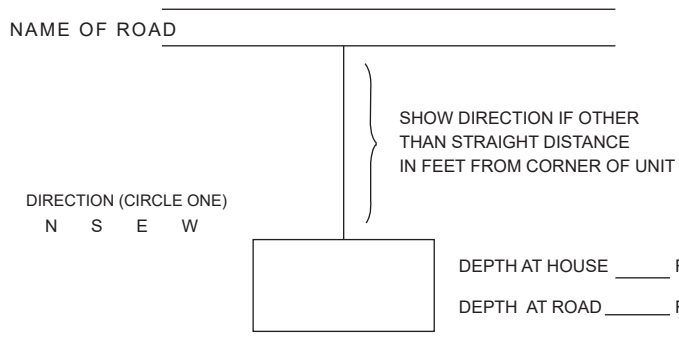
- PUBLIC
- PRIVATE

**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**