

DPW Permit # _____

Permit Fee Paid: _____

TOWN OF GILFORD

Public Sewer Permit Application

Department of Public Works, 55 Cherry Valley Road, Gilford, NH 03249-6843
Tel: (603) 527-4778 Fax: (603) 527-4781

_____	Initial Connection to Public Sewer	\$1,500.00	
_____	Repair Existing Connection to Public Sewer	\$ 25.00	
_____	Disconnect / Reconnection to Public Sewer	\$ 25.00	Date _____ 20____

Owner / Applicant (print) _____ Phone: _____

Mailing Address: _____

Sewer Connection Address: _____

Tax Map & Parcel Number: _____ Requested Start Date: _____

Contractor Name & Address: _____

Phone: _____ FAX: _____

The undersigned hereby applies for permission to connect/disconnect from to the public sewer system. All construction to be completed in accordance with the Gilford Sewer Ordinance and all State Regulations.

**DO NOT COVER site before project can be inspected by this department.
24 Hours notice required for inspection.**

Signature of Owner / Applicant: _____

Address: _____

DO NOT WRITE IN THIS BOX

Instructions for Construction: All construction will follow Town and State Codes. All finished construction will be inspected by the sewer department prior to covering. Any changes to the existing drawings will be submitted to the sewer department for prior approval. Fees listed above do not include the purchase cost of a water meter. A water meter may be purchased from the Public Works office. All meters must comply with the Town's billing system. The installation of this meter is the responsibility of the Property Owner and an inspection of this installation will be required by the sewer department.

Department Official: _____ Date: _____

PERMIT IS VALID FOR 6 MONTHS FROM DATE OF ISSUANCE

Site Inspection Date: _____ Inspected by: _____

(Project notes/comments include with permit)

*Original Permit on file at Gilford Sewer Department
Distribution Copies: Applicant, Building Inspection Office*