



REQUEST FOR NEW or CHANGE SEWER SERVICE PERMIT

Applicants Name : _____

Mailing Address : _____

Phone Number : _____ Work # : _____ Cell # : _____

Contact Person : _____ Phone # : _____

Email address : _____

Property :

Property Owner's Name: _____ Map/Lot # : _____

Street Address : _____

Sewer Service Requested : NEW SERVICE or CHANGE (circle one)

If Residential:

Number of housing units: _____ Number of bedrooms per unit: _____

If Commercial:

Number of employees: _____ # of Months per year Business to Be Open _____

Facility size (square feet): _____ Days & Hours of Operation: _____

If restaurant, seating capacity _____ inside seats _____ outside seats

Any discharge to sewer other than domestic wastewater? _____

If yes, list other discharges: _____

If Industrial:

Number of employees: _____ Number of Work Shifts: _____

Number of Months Business to Be Open _____ Facility size (square feet): _____

Any discharge to sewer other than domestic wastewater? _____

If yes, list other discharges: _____

FEE CALCULATION:

- A. Projected Flow in gallons per day per Table 1008-1, Unit Design Flow Figures, in Section Env-Wq 1008.03 (c) and (d), of the New Hampshire Code of Administrative Rules, Chapter Env-Wq 1000, Subdivision and Individual Sewage Disposal System Design Rules _____
- B. System Development Charge _____
(\$6.71 per gallons per day)
- C. Inspection fee (new service connections only) \$ 100.00
- D. Total amount due \$ _____

(Make Check Payable to: Hillsborough Sewer)

***Additional charges may be required if a new service connection is needed in the street, or for engineering review of plans and/or legal fees.**

******* System development charges and inspection fee must be paid at the time the application is filed and are non-refundable. Any additional charges are to be paid prior to final inspection by Hillsborough Water & Sewer Commission personnel. *******

Comments:

Property Owner Signature

Date

*****Please attach a complete set of plans and any additional information or clarification.

Rec'd by : _____ Date: _____ Amount: \$ _____ Chk. # _____

Application:

Approved - - Disapproved: Date: _____

Water and Sewer Commissioner

Conditions/Comments:

Final Inspection: (**Must be done prior to backfill - 24 hour notice required)**

Approved - - Disapproved: Date: _____

Water and Sewer Inspector