TOWN OF FRANCONIA PERMIT APPLICATION
SEWAGE SYSTEM – COMMERCIAL and MULTI-USER

OWNER: ___________________________ Phone: ___________________
Address: _________________________________________________________________________

APPLICANT: ___________________________ Phone: ___________________
Address: _________________________________________________________________________

DESIGNER: ___________________________ Lic. #: __________________
Address: _________________________________________________________________________

LOCATION OF PROPERTY: Map # _____ Lot # _____ Street ______________________
Size of Lot ____________________ IS LOT IN CURRENT USE? _______ Yes _______ No

URGENCY: New _____ Replacement _____ Failed System _____ Emergency _____ Upgrade _____

BEDROOMS: Number of bedrooms this system is designed to accommodate? _______________

NON-DWELLING: Describe structure(s) and data regarding what the system is designed for (i.e.,
laundry, number of washers, sinks, etc.; if restaurant, number of seats, restrooms, etc.; if offices,
number of units, employees, etc.) _______________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

DWELLING: If dwelling or mixed use (inn, motel, etc.), describe structure and list number of units,
bedrooms, or other pertinent data relative to usage which the system is designed to accommodate.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

WATER SUPPLY: Town water ________ Private Well ________ Other ______________________

FLOOD HAZARD AREA? _______ Yes _______ No
Are there any streams, drainage ditches, or wetland areas impacted by this system? ______________

PRIOR NHWSPPCC APPROVAL: # _______________________________ Date: ______________

For Office Use Only
(Revised 05-04)
Permit # ______________
Fee $ _______________ Map#___ /Lot# ___
PLANS: Please attach a map with scale, north arrow and names of bordering roads, or the lot on which the system is to be placed. Show ALL lot lines with dimensions, all water sources including water lines, all proposed or existing wells, streams, ponds, proposed or existing culverts, runoff areas, etc. Show all proposed and existing structures with dimensions, and distances from proposed system to all lot lines. If the system will be within 75’ of any lot line, show proposed or existing sewage systems, water courses, and structures on adjacent lot.

ZONING ORDINANCE: It is required that all sewage systems be located at least 50’ from the street center line and 20’ from any lot line.

SIGNATURE OF APPLICANT _______________________________ Date: _________________

APPLICATION FEE RECEIVED $ _________________________ Date: _________________

NOTES:________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Reviewed by: _______________________________ Date: _________________

Please include a large stamped, addressed envelope for mailing your application to Concord:

State of New Hampshire
Department of Environmental Services
Subsurface Systems Bureau
P.O. Box 95
6 Hazen Drive
Concord, NH 03302-0095