

For Office Use Only

(Revised 05-04)

Permit # _____

Fee \$ _____

Map# _____ /Lot# _____

**TOWN OF FRANCONIA PERMIT APPLICATION
SEWAGE SYSTEM – SINGLE FAMILY DWELLING**

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 _____ Emergency _____ Upgrade _____

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

DWELLING: Describe structure and list number of bedrooms and 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 NHWSPC APPROVAL: # _____ Date: _____

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**