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