

TOWN OF FRANCESTOWN

OFFICE OF SELECTMEN

P.O. Box 5 – Frankestown, New Hampshire 03043 – 603-547-3469

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL APPROVAL

Fee Paid _____ Check No. _____ \$50.00 Per Lot

1. System Location: Street _____ Map _____ Lot _____ Acres _____

2. Water Supply: Municipal Water Supply _____ Well on Lot _____ Other _____

3. Lot Owner's Name: _____

Street: _____ City/Town: _____

State: _____ ZIP: _____ Telephone No: _____

4. Applicant's Name: _____

Street: _____ City/Town: _____

State: _____ ZIP: _____ Telephone No: _____

Designer's Name: _____ Permit No: _____

Owner(s):

The Undersigned certify that they are the present owners of the property being applied for and that they have seen the plans and they are in accordance with their needs and desires. The Undersigned fully understand that should this plan be approved, no waivers to the construction approval will be allowed. Any changes will require a new submission (with fee) review and approval.

Date: _____ Signed: _____

Applicant

Permit No.

ACTION TAKEN BY BUILDING INSPECTOR

Approved _____ Disapproved – Reason _____

_____ Date: _____

Building Inspector