

TOWN OF WINDHAM, NEW HAMPSHIRE
COMMUNITY DEVELOPMENT DEPARTMENT
DIVISION OF HEALTH

PERMIT APPLICATION TO INSTALL OR ALTER WASTE DISPOSAL SYSTEM

DATE _____ FEE _____ CHECK # _____ PERMIT # _____

OWNER _____ LOCATION _____

MAP / BLOCK / LOT _____ STATE DES # _____ CLERK _____

THIS APPLICATION IS MADE WITH THE FULL KNOWLEDGE OF THE CURRENT REQUIREMENTS OF THE STATE OF NEW HAMPSHIRE AND THE TOWN OF WINDHAM REGULATIONS GOVERNING THE INSTALLATION OR ALTERATION OF WASTE DISPOSAL SYSTEMS. I AGREE, UPON APPLYING FOR THIS PERMIT, NOT TO COVER ANY PART OF THE INSTALLATION UNTIL IT HAS BEEN INSPECTED & APPROVED.

A COPY OF THE APPLICANT'S LICENSE IS REQUIRED TO BE ATTACHED.

APPLICANT PRINTED NAME _____ PHONE _____

ADDRESS _____ LICENSE # _____

EXPIRATION DATE _____ SIGNATURE _____

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TO SCHEDULE AN INSPECTION, CALL AT LEAST 24 HOURS IN ADVANCE 603-432-3806. YOU MUST HAVE THE PERMIT #, MAP-BLOCK-LOT AND ADDRESS IN ORDER TO SCHEDULE THE INSPECTION. A BED BOTTOM INSPECTION AND A FINAL INSPECTION ARE REQUIRED BEFORE COVERING.