

Fee: \$100

## SEPTIC PERMIT APPLICATION

**COPIES OF N.H. DES REPAIR/REPLACEMENT REPORT  
REQUIRED WITH THIS APPLICATION**

Permit Number\_\_\_\_\_

### PROJECT LOCATION

\_\_\_\_\_ Zoning Dist.\_\_\_\_\_  
(Street No. & Name)

Map Number\_\_\_\_\_ Lot Number\_\_\_\_\_ Lot Dimensions\_\_\_\_\_

### OWNER IDENTIFICATION

Owner\_\_\_\_\_  
(Name) (Address) (Phone #)

Lessee\_\_\_\_\_  
(Name) (Address) (Phone #)

Agent  
Only\_\_\_\_\_  
(Name) (Address) (Phone #)

Septic  
Installer\_\_\_\_\_  
(Name) (Address) (Phone #)

Septic  
Designer\_\_\_\_\_  
(Name) (Address) (Phone #)

TYPE OF USE

Residential:           \_\_\_\_\_ One Family  
                              \_\_\_\_\_ Two or more Families \_\_\_\_\_ No. of Units  
                              \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ No. of Units  
                              \_\_\_\_\_ Other, Specify \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_ No. of Bathrooms: Full \_\_\_\_\_ Partial \_\_\_\_\_  
No. of Proposed Bedrooms \_\_\_\_\_

Nonresidential:       \_\_\_\_\_ Amusement  
                              \_\_\_\_\_ Church  
                              \_\_\_\_\_ Industrial  
                              \_\_\_\_\_ Parking Garage  
                              \_\_\_\_\_ Service Station/Repair Garage  
                              \_\_\_\_\_ Hospital  
                              \_\_\_\_\_ Office, Bank, Professional  
                              \_\_\_\_\_ School, Library, Etc.  
                              \_\_\_\_\_ Other, Please Specify \_\_\_\_\_

Describe in detail proposed use of building \_\_\_\_\_  
Describe in detail existing use of building \_\_\_\_\_  
Square footage \_\_\_\_\_  
Occupancy Load \_\_\_\_\_

TYPE OF IMPROVEMENT

\_\_\_\_\_ New System  
\_\_\_\_\_ Replacement in-kind  
\_\_\_\_\_ Failed System  
\_\_\_\_\_ Other, Specify \_\_\_\_\_

Have test pits been dug and witnessed by the Durham Code Enforcement Official?  
If **yes**, date \_\_\_\_\_  
If **no**, you must schedule an inspection prior to permit approval.

**CERTIFICATION**

I hereby certify that I have read and examined this application and know the same to be true and correct. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

No substantive change(s) in the project scope and accompanying plans will be made without approval of the Building Inspector.

I owner/applicant hereby agree to comply with all statutes, ordinances, codes, regulations and rules as they pertain to the exercising of this permit.

I owner/applicant hereby give permission for the Building Inspector and/or other Town employees to enter onto the property at reasonable times for purposes of assuring compliance with any permits and approvals pertaining to this building permit.

I further acknowledge that the proposed structure or improvement(s) shall not be occupied or otherwise utilized without the issuance of a **CERTIFICATE OF OCCUPANCY**. A Certificate of Occupancy is required for all inspections.

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Signature of Contractor or Authorized Agent Date

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Signature of Owner Date

**PLEASE NOTE:**

Neither the review of any applications or plans by officials of the Town of Durham, nor any subsequent inspection of the premises, should be relied upon as an assurance of conformity to legal requirements. The applicant shall remain fully responsible for complying with all applicable United States, New Hampshire or Durham laws, ordinances, regulations or conditions.

Separate permits are required for electrical, plumbing, heating, signs, ventilating or air conditioning and driveway access.

A Site or Plot Plan or sketch showing the actual dimensions of the building site and the property setbacks is required.

This permit becomes null and void if work or construction authorized has not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced.

This permit is not assignable or transferable.