ver:011221

PERMIT NUMBER

_____

DATE:_____

SANDOWN, NH

Building Dept
PO BOX 1756
SANDOWN, NH 03873
603-867-6085

SEPTIC PERMIT
WELL INSTALLATION

PROPERTY ADDRESS_____

OWNER_____Phone_____

MAP / LOT #_____

DES # _____

DESIGNER NAME_____State Number_____

INSTALLER NAME _____State Number_____

ADDRESS _____Phone Number_____

TEST PIT **$70.00** MIN ($30.00 EACH ADDT'L) _____

TOWN REVIEW **$40.00** PER UNIT ($80.00 FOR 5 OR MORE UNITS) _____

INSTALLATION@ **$70.00** ($110 FOR 5 OR MORE UNITS) _____

REINSPECTION **$50.00** _____

WELL : **$70.00** _____

TOTAL: _____

Call: 603-867-6085 for Inspections

IMPORTANT: Inspector requires seventy-two hours' notice to inspect at the INSPECTORS designated time. Please plan appropriately.