CITY OF CLAREMONT

DEPARTMENT OF PUBLIC WORKS
8 GRANDVIEW Street
CLAREMONT, NH 03743
PH: (603) 542-7020 FAX: (603) 542-7022
EMAIL: wleonard@claremontnh.com

WATER/SEWER CONNECTION/INSPECTION PERMIT

Permit #:	Date:

Water Connection Fee	$
Water Inspection Fee	$
Capacity Replacement Fee	$

Sewer Connection Fee	$
Sewer Inspection Fee	$
Capacity Replacement Fee	$

Fee TOTAL	Number of Units	Estimated Flow
$		

Location Address:	Map/Lot:	Zoning District:

Type of Entrance:	

Owner:	
Owner Address:	

Contractor:	
Contractor Address:	

THE WORK COVERED BY THIS PERMIT FOR SEWER ENTRANCE TO THE CITY'S SYSTEM CANNOT BE BACKFILLED UNTIL INSPECTED BY THE DIRECTOR OF THE WATER/SEWER DEPARTMENT OR HIS AGENT. SHOULD IT BE COVERED BEFORE IT IS INSPECTED, YOU WILL BE REQUIRED TO HAVE IT UNCOVERED FOR INSPECTION PURPOSES. *PLEASE NOTIFY THE DEPARTMENT OF PUBLIC WORKS AT 542-7020 AT LEAST 24 HOURS BEFORE THE CONNECTION IS READY FOR INSPECTION.*

Comments:	

Meter reading on the date of inspection:

Reading:		Date:	

Permit Granted: _____ **Date** **Signed:** _____ **Director** _____ **Date**

Inspected by: _____ **Foreman** _____ **Date**

Account #: _____ **Billing Start Date:** _____

_____**Building Inspector (Copy w/BP)** _____**DPW (Original)** _____**Water and Sewer**