

# TOWN OF MEREDITH

## BUILDING PERMIT FOR SUBSURFACE DISPOSAL SYSTEM

FEES: New \$50.00 \_\_\_\_\_  
Repair \$25.00 \_\_\_\_\_

Date Submitted \_\_\_\_\_  
Tax Map Location \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

DWELLING TYPE: \_\_\_\_\_ NUMBER OF BEDROOMS: \_\_\_\_\_

OTHER: \_\_\_\_\_ BASIS OF DESIGN: \_\_\_\_\_

DISTANCE FROM ANY SOURCE OF WATER: LAKE \_\_\_\_ STREAM \_\_\_\_ WETLAND \_\_\_\_

TYPE & CAPACITY OF SEPTIC TANK TO BE INSTALLED: \_\_\_\_\_

DESIGNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

FORMER APPROVAL #: \_\_\_\_\_ INSTALLATION DATE: \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

SYSTEM: (\_\_\_\_) NEW (Plans Enclosed) (\_\_\_\_) REVISION (Plans Enclosed)  
(\_\_\_\_) RESUBMITTAL (Expired Design) (Plans Enclosed)  
(\_\_\_\_) REPAIR (Use Reverse Side for Sketch)

NOTES: Town of Meredith Zoning Ordinance requires the leachfield be a minimum distance of 75'-125' from open water or wetlands.

Town of Meredith Health Department requires that all test pits, septic tank and leachfield locations be staked, flagged and identified to assist the Health Officer in his pre-approval inspection.

APPLICANT MUST PROVIDE COPIES OF ALL STATE APPROVALS PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

N.H. Law requires construction inspection by State Personnel prior to covering any portion of the septic system.

FOR FINAL INSPECTION OF INSTALLATION, PLEASE CALL THE N.H. WATER SUPPLY & POLLUTION CONTROL COMMISSION IN GILFORD AT 524-7730 OR IN CONCORD AT 271-3505 BETWEEN THE HOURS OF 8:00 A.M. AND 4:30 P.M., MONDAY THRU FRIDAY.

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**TOWN USE ONLY**

REMARKS:

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APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_