



Town of Goffstown
 Sewer Department
 16 Main Street
 Goffstown, NH 03045
 603-497-8990 Ext 215
 www.Goffstown.com/dept/sd

Use this form for:

1. New construction requiring a connection to the established sewer infrastructure.
 2. For building renovations/additions or for in changes in business operations which define an increased sewer flow for an established connection.
- This permit application applies to both residential and commercial buildings.

Permit No. _____

SEWER PERMIT APPLICATION

PROPERTY OWNER _____ DATE _____
 ADDRESS _____ PHONE _____
 CITY / STATE _____ EMAIL _____

I hereby apply for a permit to enter the Town's sewer, or to increase sewer flow, from the following parcel:

Map and Lot No. _____ Street Address _____

DESCRIPTION OF PROJECT _____

SEWER PIPE LAYER NAME _____
 (Required prior to issuance of connection permit) (Phone or email)

1. I agree to comply with the Sewer Ordinance and requirements of the Sewer Commission and its agents.
2. I further agree to hold the Sewer Dept & Town harmless in case of pipe surges causing sewerage backups.
 (Backflow preventers are recommended in all service lines.)
3. Construction must commence within six months of approval date of application or permit shall be null and void.
4. Inspections: Sewer Department requires at a 48-hour notice when scheduling an inspection.
 Inspections performed during 7:00 am to 3:30 pm, Monday through Friday.
 No inspections performed on Saturday, Sunday, and holidays

PROPERTY OWNER _____
 Signature

Need assistance on filling out this application? Please call the Department Maintenance Supervisor, at 603-497-8990 Ext 291
 This completed application should be sent to:
 Town of Goffstown, ATTN: Sewer Department, 16 Main Street, Goffstown NH 03045
 along with a \$50 (nonrefundable) application fee. Please make payable to "Town of Goffstown"

FOR OFFICE USE ONLY

Sewer Permit Application Fee \$ _____ Sewer Accessibility Fee \$ _____
 (Must be received before Certificate of Occupancy will be issued.)

Total Fee Received \$ _____ Date _____ Received By _____

Application reviewed by Sewer Dept. Supervisor _____ Date _____

Flow for Parcel: Permit Flow _____ Existing Flow _____ Delta Flow for Permit _____
 GPD TU GPD TU GPD TU

Remarks/Conditions _____

Sewer Commission Approval: _____ Date _____

Permit Approval Notification Sent to Applicant:: Date _____