

**APPENDIX A - SEWER CONNECTION APPLICATION**  
**SUNCOOK WASTEWATER TREATMENT FACILITY**  
 36 Canal St. Allenstown, NH 03275 Tel. (603) 485-2027

**APPLICANT**

**PROPERTY OWNER/S**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Tel. \_\_\_\_\_

Tel. \_\_\_\_\_

I/We hereby apply to connect the building at: \_\_\_\_\_  
 to the municipal sewer.

This property consists of (enter number) \_\_\_\_\_ units

Unit type (Residential, Commercial, Industrial),

The following fixtures will be connected to the proposed building sewer:

<u>Fixture</u>	<u>Quantity</u>	<u>Fixture</u>	<u>Quantity</u>	<u>OTHER (Specify)</u>
Kitchen Sinks _____		Water Closets _____	_____	_____
Lavatories _____		Bath Tubs _____	_____	_____
Laundry Tubs _____		Showers _____	_____	_____
Urinals _____		Garbage Grinders _____	_____	_____

**Plans and Specifications shall be submitted with application and attached as "Exhibit A".**  
**Must conform to provisions of "Sewer Use Ordinance" showing elevations of**  
**building and municipal sewer.**

**IN CONSIDERATION OF THE GRANTING OF A PERMIT TO CONNECT TO THE MUNICIPAL SEWER,  
 THE UNDERSIGNED HEREBY AGREE:**

1. To comply with all provisions of the Allenstown Sewer Use Ordinance.
2. To maintain the building sewer up to and including the public sewer connection (at no expense to the Town).

\_\_\_\_\_  
 (Applicant) Date

\_\_\_\_\_  
 (Owner) Date

Installation is to be performed by: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel.: \_\_\_\_\_

**NOTICE: ALL FEES PAID ARE NON-REFUNDABLE.**

**DO NOT START WORK ON THIS PROJECT UNTIL YOU RECEIVE WRITTEN AUTHORIZATION TO DO SO.**  
 This application is not a permit to connect to the municipal sewer. Installers must receive written Construction Approval to commence work. This application, plan and specifications shall be reviewed for compliance with the Sewer Use Ordinance. The property owner shall receive written notification of application status following review.

\*\*\*\*\* THIS SECTION FOR OFFICIAL USE ONLY \*\*\*\*\*

Connection Fee Paid \$ \_\_\_\_\_ Received By: \_\_\_\_\_ Date \_\_\_\_\_

Application approved: \_\_\_\_\_ Permit # \_\_\_\_\_  
 Superintendent, SWTF DATE