



SEWER REPAIR PERMIT APPLICATION  
ALLENSTOWN WASTEWATER TREATMENT FACILITY

35 Canal Street, Allenstown, NH 03275 Tel: (603) 485-5600



APPLICANT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Tel #: \_\_\_\_\_

PROPERTY OWNER(S)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Tel #: \_\_\_\_\_

I/We hereby apply for a permit to repair the private lateral sewer located at: \_\_\_\_\_

This property consists of (enter number of units):

\_\_\_\_\_ Residential units      \_\_\_\_\_ Commercial units      \_\_\_\_\_ Industrial units

The following problem needs to be rectified:

IN CONSIDERATION OF THE GRANTING OF A PERMIT TO REPAIR TO THE SEWER, THE  
UNDERSIGNED HEREBY AGREE:

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

\_\_\_\_\_  
(Applicant signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Owner's signature)

\_\_\_\_\_  
Date

Repair is to be performed by:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_

*Once repair permit application has been submitted and approved, the person responsible for completing repair **MUST** sign construction repair approval before commencing work.*

NOTICE:

This document is not a permit to connect to the municipal sewer. Applicants must receive written approval to do so. Approval to connect shall only be issued after payment of appropriate fees and completion of application process. Failure to comply with the Sewer Use Ordinance may result in substantial penalties. **THIS PERMIT EXPIRES 30 DAYS AFTER APPROVAL.**

\*\*\*\*\*THIS SECTION FOR OFFICIAL USE ONLY. DO NOT FILL IN.\*\*\*\*\*

Application approved: \_\_\_\_\_  
Superintendent, AWTF      Date

Permit Fee Paid: \$ \_\_\_\_\_

EXHIBIT "A"

PROPOSED INSTALLATION:

SCALE=\_\_\_\_\_

Please show all appropriate information

