



# TOWN OF DANVILLE

**Brian Lockard, Health Officer—cell (603) 819-9340**

Town Hall: 210 Main Street, Danville, NH 03819

Office Tel: (603) 382-8253, ext. 4 Fax (603) 382-3363

## Subsurface Septic System Permit

Date: \_\_\_\_\_

### **Location Information**

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Map and Lot Number: \_\_\_\_\_

### **Applicant/Contractor Information**

Installer: \_\_\_\_\_ License#: \_\_\_\_\_

Designer: \_\_\_\_\_ License#: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### **\$25.00 for each inspection**

Type of Inspection (check all that apply):

Plan Review

Test Pit

Bed Bottom

Re-Inspection

Payment total: \$ \_\_\_\_\_

Check  Check #: \_\_\_\_\_

Cash

Applicant signature: \_\_\_\_\_

Town Hall signature: \_\_\_\_\_

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Please return this form and payment to the Selectmen's Office during normal business hours: Monday through Thursday, 8am to 4pm.

Contact Brian to schedule inspections. Please give 48 hours' notice for all inspections.