TOWN OF LONDONDERRY, NH 432-1100 X.115

SEPTIC PERMIT

Date:	
Work Location:	
Owner:	
Work Is For: (Please circle one):	
New System <u>or</u> Repair System	
(State Approval No.	
NUMBER OF BEDROOMS	
Contractor's License Number:	
Contractor's Name & Company	
Address:No. Street	City State Zip
Phone No	
Alternate Phone No	
LONDONDERRY 1. Bed Bottom inspection required prior to construction of field. 1. SPECTIONS: 2. Leachfield inspection required PRIOR to backfill.	
Signature of Contractor or Authorized Representative Making Application	Signature of Permit Clerk
	☐ Contractor Signed driveway affidavit
	☐ Contractor posted surety w/PW
FEE \$	Permit No