

**TOWN OF BENNINGTON**

**OFFICE OF SELECTMEN**

7 SCHOOL STREET, BENNINGTON, NEW HAMPSHIRE 03442 - 603-588-2189

**APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL APPROVAL**

Fee Paid \_\_\_\_\_ Check No. \_\_\_\_\_ \$50.00 Per Lot

1. System Location: Street \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_ Acres \_\_\_\_\_

2. Water Supply: Municipal Water Supply \_\_\_\_\_ Well on Lot \_\_\_\_\_ Other \_\_\_\_\_

3. Lot Owner's Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone No: \_\_\_\_\_

4. Applicant's Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Designer's Name: \_\_\_\_\_ Permit No: \_\_\_\_\_

Owner(s):

The Undersigned certify that they are the present owners of the property being applied for and that they have seen the plans and they are in accordance with their needs and desires. The Undersigned fully understand that should this plan be approved, no waivers to the construction approval will be allowed. Any changes will require a new submission (with fee) review and approval.

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

Applicant

Permit No.

**ACTION TAKEN BY BUILDING INSPECTOR**

Approved \_\_\_\_\_ Disapproved - Reason \_\_\_\_\_

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

Building Inspector