



TOWN OF PITTSFIELD

Wastewater Treatment Facility
127 South Main Street, Pittsfield NH 03263
admin@pittsfieldnh.gov ~ telephone (603) 435-8857 ~ fax (603) 435-8847

PERMIT APPLICATION - SANITARY SEWER SERVICE CONNECTION

APPLICANT: _____

eMAIL: _____

MAILING ADDRESS: _____
(street) (city, state, zip) (telephone)

NAME OF PROPERTY OWNER (if different): _____

eMAIL: _____

MAILING ADDRESS: _____
(street) (city, state, zip) (telephone)

LOCATION OF PROPERTY: _____ **TAX MAP&LOT #** _____

TYPE OF STRUCTURE TO BE SERVED:

Residential () Commercial () Industrial () Other () _____

DESCRIPTION: _____

DISTANCE FROM RIGHT OF WAY: _____ **# OF UNITS TO BE SERVED:** _____

() STATE HIGHWAY (STATE PERMIT REQUIRED) () TOWN HIGHWAY DIG PERMIT

NAME & ADDRESS OF CONTRACTOR: _____

(street) (city, state, zip) (telephone)

-----> fee of \$3,500.00 (payable to Town of Pittsfield) is due at the time of application

-----> COMPLETE CONNECTION DIAGRAM ON REVERSE

APPLICANT SIGNATURE: _____ **DATE:** _____

MINIMUM REQUIREMENTS:

1. A sewer saddle type connection is required in all instances
2. A minimum pipe size of 6 inches I.D. and minimum crush test that meets or exceeds SDR-35 standards
3. The sewer pipe in the R.O.W. shall be laid in a bed of 3/4" crush stone; covered with 12" of sand; medium to coarse gravel shall replace unsuitable excavated material; 2" of hot top binder with 1" wearing surface shall replace excavated road surface; all fill shall be compacted at 12" lifts
4. All work shall be inspected before excavation is filled and prior to road surface replacement
5. All road surface removed shall be replaced as soon as practical – according to Town/State requirements

PROPOSED CONNECTION DIAGRAM

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BUILDING TO BE SERVICED

STREET ADDRESS: _____

edge of right of way

|_|-----|_|

SMH#

SMH#

LENGTH OF PIPE TO BE LAID _____

DEPTH OF PIPE AT CONNECTION _____

LOCATION OF ANY UTILITY POLES WITH DISTANCE TO CONNECTION

LOCATE ANY WATER OR EXISTING SEWER SERVICE