

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM PERMIT
Application for a permit to Construct New () Repair () Upgrade ()

No: _____ **Fee Paid:** _____ **Date:** _____

I hereby petition the Board of Health of Dover for a permit to construct: (check which): () Complete System () Individual Components () ejector pump () or to alter the drainage in a manner which meets the requirements of Title V and the Board of Health as set forth in the Regulations and subject to such further conditions and requirements as are stated below:

Address: _____

Owner: _____ Tel: _____

Specify *exact location* on the premises where sewage disposal facilities are to be installed. Lot/House# _____
(Reference may be made to plan submitted under 15.220 of the Regulation). Street: _____

If the Board grants this application, I agree

- To comply with all requirements of Title V and Town of Dover Board of Health Regulations, unless the board has granted a variance there from, and special conditions of the permit;
- attend preconstruction meeting;
- comply with requirements regarding any applicable deed restrictions prior to commencing work;
- permit periodic inspections of work and ensure that the system is not covered, backfield or concealed until a final inspection by the Boards agent has been completed;, directives for field changes; system; not to be backfield until inspected by agent;
- submit requirement for an "As-Built" plan to be submitted and obtain a certificate of compliance issued prior to system being placed in use.

I further agree that:

- the engineer responsible for design of the system may represent me at meetings if I can not be present, and that; any other "representative " must provide written proof of authorization to represent me; I will abide by the Board's extension of "public hearing" and the 45 day review time shall begin after the close of the public hearing; no work may be started until all deed restriction requirements have been satisfied.

Name of License Company installing System Name of Designer and Signature

Signature License Installer Signature of Owner

Permit granted on _____ 20____, subject to the following conditions:

Signed: _____, Agent for the Board of Health

Note: This permit will be revoked if toilet facilities are not present and maintained in accordance with Regulations. See Town of Dover Sewage Disposal Regulations 15.282(5).

INITIAL CONSTRUCTION FEE IS VALAID FOR (1) ONE YEAR ONLY .