



Town of Pelham
Planning Department
6 Village Green
Pelham, NH 03076
(603) 635-7811

Septic System Application

Application Date: _____

Location of Property: _____ Map _____ Lot _____

Requesting Permit For: (Please Check One)

Test Pits: <input type="checkbox"/>	Plan Review: <input type="checkbox"/>	New Septic System: <input type="checkbox"/>
Septic System Repair: <input type="checkbox"/>	Septic System Replacement: <input type="checkbox"/>	

Property Is: (Please Check One)

Residential (\$100.00): <input type="checkbox"/>	Subdivision (\$325.00) <input type="checkbox"/>	Commercial (\$325.00): <input type="checkbox"/>
Single Family or Duplex		Includes > 2 Units

WSPCC Number.: _____

Property Owner's Name: _____ Phone No.: _____

Property Owner's Address: _____

Installer's Name: _____ License # _____ Phone No.: _____

Installer's Address: _____

Notes: _____

Applicant's Signature _____

Date _____

Health Agent's Signature _____

Date _____