



Town of Dublin
1120 Main Street
Dublin, NH 03444

SEPTIC PERMIT

Date Received: _____

Map & Lot #: _____

Permit #: _____

Fee: \$100.00 Paid: ☐

Please note that Fees are Nonrefundable

Please print in ink or type all information

Property Location (# & Street): _____

Owner's Name and Mailing Address: _____

Is this a rental property? ☐ Yes ☐ No

Is this property located on a Private or Class VI road? ☐ Yes* ☐ No

* If Yes, do you have an Acknowledgment & Consent Form recorded at the Cheshire County Registry of Deeds, as required by RSA 674:41? If not, please contact the Dublin Town Hall to complete an Acknowledgement & Consent form.

Is this permit a conjunction with a building permit? ☐ Yes ☐ No

Type of work: ☐ New work ☐ Replacement ☐ Extension of old work

*******Permit must be obtained before work is started and notice given to Inspector when ready for inspection*******

System Type: _____ System Size: _____

Describe work to be performed: _____

Designer/Contractor's Name: _____

Company Name and Address: _____

Phone #: _____

Signature: _____ Date: _____

(Owner or Contractor)

Approval/Signature: _____ Date: _____

(Michael Borden, Building Inspector)

Office: 603-563-8544 Cell: 603-547-0437