CITY OF FRANKLIN, NEW HAMPSHIRE

Municipal Services Department

"The Three Rivers City"

43 West Bow Street
Franklin New Hampshire 03235

Tel: (603) 934-4103
Fax: (603) 934-7409
www.franklinnh.org

Sewer Connection Permit

No.: _____ **Date:** _____

Street Address for Proposed Project: _____ **Franklin, NH 03235**

Owners Name:				
Address (where owner resides):	Street Address	City	State	Zip Code
Telephone (Contact info):	(Home Phone)	(Work Phone)	(Cell Phone)	(email)

Contractors Name:				
Contact Information:	(Home Phone)	(Work Phone)	(Cell Phone)	(email)

This certifies that the amount of $ _____ has been received from the property owner identified above to connect to City Sewer at the property located above. Any additional costs of sewer connection, including tapping into the sewer main, will be borne by the customer and may be determined by contacting the Municipal Services Department at (603) 934-4103.

The Contractor is responsible to inform the Municipal Services Department within twenty-four (24) hours of when the work will be completed.

Customer's Name: _____ Date: _____

Municipal Services Signature: _____ Date: _____

City Clerk Signature: _____ Date: _____