



TOWN OF DANVILLE

Brian Lockard, Health Officer—cell (603) 819-9340

Town Hall: 210 Main Street, Danville, NH 03819

Office Tel: (603) 382-8253, ext. 4 Fax (603) 382-3363

Subsurface Septic System Permit

Date: _____

Location Information

Property Owner: _____

Address: _____ Map and Lot Number: _____

Applicant/Contractor Information

Installer: _____ License#: _____

Designer: _____ License#: _____

Address: _____

Phone: _____

\$25.00 for each inspection

Type of Inspection (check all that apply):

- Plan Review
- Test Pit
- Bed Bottom

- Final
- Re-Inspection

Payment total: \$ _____

Check Check #: _____

Cash

Applicant signature: _____

Town Hall signature: _____

Please return this form and payment to the Selectmen's Office during normal business hours: Monday through Thursday, 8am to 4pm.

Please give 48 hours' notice for all inspections.