

TOWN OF MONT VERNON
Office of the Building Inspector
P. O. Box 444
Mont Vernon, NH 03057



PERMIT #: _____
DATE: _____
MAP/LOT #: _____

Ray Bent, Building Inspector

Phone (603)400-3248 Fax: (603)673-5995 email: buildinginspector@montvernonnh.us

SEPTIC PERMIT / APPLICATION

OWNER: _____ PHONE: _____
ADDRESS: _____ CELL/WORK: _____

PHYSICAL LOCATION:

CURRENT USE Y / N	LOT SIZE:	ACRES
SUBDIVISION NAME:	FRONTAGE:	DISTANCE FROM ROAD:
PURPOSE:	NO. OF STORIES:	FROM NEAREST LOTLINE
ESTIMATED VALUE/COST OF THE PROJECT:		TOTAL SQ. FT.

FEE: \$ _____ PAID BY: Cash / Check #: _____ DATE: _____

Required with Application: Lot plan showing location of building and approved driveways, well, and septic system, if a subdivision, a plan of the approved subdivision, copy of blueprint of the building with material specifications, copy of approval construction of Sewage Disposal System from NH DES.

CONTRACTOR INFORMATION			
NAME:	_____	PHONE#	_____
COMPANY:	_____	CELL#	_____
ADDRESS:	_____	EMAIL:	_____
SUB CONTRACTOR INFORMATION			
ELECTRICIAN:	_____	PLUMBER	_____
COMPANY:	_____	COMPANY:	_____
ADDRESS:	_____	ADDRESS:	_____
LICENSE #:	_____	LICENSE #:	_____
EXP:	_____	EXP:	_____
PHONE #:	_____	PHONE #:	_____
EMAIL:	_____	EMAIL:	_____
Explain Project in Detail:			

The Undersigned hereby agrees that the proposed work shall be done in accordance with the forgoing statement, and with the plans and specifications submitted; and that the work connected therewith shall conform to the laws and building regulations of the Town and the State of NH. All work subject to inspections as required by the building inspector.

Owners Signature

Date

I certify that I have been authorized by the owner to apply for this permit with a signed affidavit. _____

Building & Code Official: Ray Bent

Approval Date