

TOWN OF HUDSON, NEW HAMPSHIRE

**INDUSTRIAL, COMMERCIAL AND BUSINESS FACILITIES
SEWER CONNECTION APPLICATION**

1. APPLICANT INFORMATION: Owner _____ Contractor _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

BUILDING LOCATION: _____

TAX MAP: _____ LOT: _____ - _____

FUNCTION OF BUILDING:
(i.e. Retail, Manufacturing, Offices, etc.) _____

DRAINLAYER'S LICENSE #: _____ CONTRACTOR: _____

A Drainlayer License shall be required for all sewer mains, service lines and related work in public and private right-of-ways connecting to the Town of Hudson Sewer Utility.

*** CONTACT DPW AT 603-886-6018 TO SEE IF A STREET OPENING PERMIT IS REQUIRED.**

STATUS OF SEWER CONNECTION:

- NEW CONNECTION REPAIR OR REPLACEMENT
 CHANGE OF USE OR BUSINESS / MODIFICATION

NUMBER OF EMPLOYEES
(Indicate shifts, if applicable): _____

ESTIMATED SEWERAGE FLOW: _____/GPD

By applying for this connection, I agree to abide by all applicable Town, State and Federal requirements.

SIGNATURE: _____

OWNER OR AGENT FOR OWNER:
IF DIFFERENT FROM ABOVE, INCLUDE ADDRESS AND TELEPHONE NUMBER:

Name: Address: Phone #:

2. FEE PAYMENT:

\$25.00 PROCESSING FEE PAID:

DATE: _____ RECEIPT #: _____ CHECK #: _____ RECEIVED BY: _____

\$1,000.00 IDP REVIEW/INSPECTION FEE PAID:

DATE: _____ RECEIPT #: _____ CHECK #: _____ RECEIVED BY: _____

ACCOUNT #: _____ NAME OF ACCOUNT: _____

4. TOWN ENGINEER REVIEW: (check if required and/or completed)

_____ PLANS & SPECIFICATIONS REVIEW COMPLETE (if applicable)

_____ STATE REVIEW FEE: Flow (_____) GPD / 300 GPD X \$30.00
FEE: \$ _____; DATE SUBMITTED TO STATE: _____

_____ STATE APPROVAL GRANTED

_____ INSPECTION FEE REQUIRED: \$ _____

_____ SEWER CAPITAL ASSESSMENT FEE CALCULATION (refer to
Town of Hudson resolution 87-33A.)

a) AVERAGE DAILY FLOW IN GPD		_____
b) AVERAGE DAILY FLOW EXISTING (if any)	-	_____
c) NET FLOW (a - b = net flow)	=	_____
= net flow X \$3.53 ASSESSMENT FEE:	\$	_____

ALLOCATION: APPROVED _____ DISAPPROVED _____

SPECIAL CONDITIONS _____

TOWN ENGINEER

DATE

5. DATE SEWER CAPITAL ASSESSMENT PAID: _____

RECEIPT NO. _____ RECEIVED BY: _____

6. PAYMENT AGREEMENT: _____ YES _____ NO

APPROVED _____ DISAPPROVED _____

FINANCE DIRECTOR (approval of agreement)

DATE

7. SEWER CONNECTION CERTIFICATION

CLEAN OUT AT PROPERTY LINE REQUIRED, 24 HOUR NOTICE PRIOR TO EXCAVATION – Call DPW: 603-886-6018

DATE OF CONNECTION: _____

INSPECTED BY: _____

SIGNATURE: _____

DATE: _____

BUILDING LOCATION: _____

TAX MAP: _____ LOT: _____ - _____