



City of Keene New Hampshire

Utility Connection Permit Application

Minimum (3) working days required

City of Keene, Public Works Department
350 Marlboro Street, Keene, NH 03431
Phone: 603-352-6550 Fax: 603-283-5667
Email: citreq-dpw@keenenh.gov

Applicant: Fill out sections 1-4 Only

1. Applicant Name: _____
Company: _____ Phone: _____
Address: _____
City/State/Zip: _____
Email: _____
24 HR EMERGENCY PHONE: _____

2. Excavation Permit #: _____
Contractor: _____ Phone: _____
Address: _____
City/State/Zip: _____
Email: _____
24 HR EMERGENCY PHONE: _____

3. Excavation Location: _____
Scheduled Start Date: _____ Complete: _____
Excavation Type: Open Cut Other: _____
Type of Utility Connection:
Water Sewer Storm Drain
Type of Work:
New Construction Alteration

4. *By signing this application, the Applicant acknowledges that he/she has read and hereby agrees to abide by the City of Keene's Excavation Permit requirements, in accordance with Sec. 82-32, the City of Keene Construction Standards, latest edition, and to any other ordinances, special conditions, restrictions, and regulations that may be imposed by the Public Works Department. Applicant further agrees to provide the Engineering Division with detailed and reasonably accurate sketch of the connection within 3 business days of installing said connection*

Applicant's Signature: _____ Date: _____

City Use

Permit #: _____
Project Location: _____

Fees:

Water < 2"	\$100
Water > 2"	\$200
Fire	\$200
Sewer flow < 5,000 GPD	\$100
Sewer flow > 5,000 GPD	\$200
Storm drain < 6"	\$100
Storm drain > 6"	Varies

Subtotal	\$ _____
Previous Payments	\$ _____
Total Due	\$ _____

Date Paid: _____
Check Number: _____
Additional Fees: \$ _____

Approved
Approved w/conditions
Denied

Conditions: _____

Signature: _____ Date: _____