Utility Connection Permit Application



Minimum (3) working days required Phone: 603-352-6550 | Fax: 603-283-5667 | Email: PWInfo@KeeneNH.gov

APPLICANT: FILL OUT SECTIONS 1-4 ONLY	CITY USE ONLY
1. Applicant Name:	Approved By: Approval Date: Expiration Date: Project Name:
2. Excavation Permit #:	Fees: Water < 2" \$100 Water > 2" \$200 Sewer, flow < 5,000 GPD \$100 Sewer, flow > 5,000 GPD \$200 Storm drain < 6" \$100 Storm drain > 6" Varies
Scheduled Start Date: Complete: Excavation Type: Open Cut Other: Type of Utility Connection: Water Sewer Stor 4. Type of Work: New Construction Alteration Rehabilitation Replacement By signing this application, the Applicant acknowledges that he/she has re	Subtotal \$ Previous Payments \$ Total Due: \$ Date Paid:
hereby agrees to abide by the City of Keene's Excavation Permit requirement accordance with Sec. 82-32, the City of Keene Construction Standards, late and to any other ordinances, special conditions, restrictions, and regulation be imposed by the Public Works Department. Applicant further agrees to public Engineering Division with detailed and reasonably accurate sketch of the inconnection within 3 business days of installing said connection Applicant's Signature:	Additional Fees: \$ Additional Fees: \$ Additional Fees: \$ Final Approval:
Date:	