

IMPORTANT PERMIT PHONE NUMBERS

1. BUILDING PERMIT -- TOWN HAS FORM
 - A. CONTACT - ~~XXXXXXXXXXXX~~ 837-9871
 - B. REVIEW THE COMPREHENSIVE DEVELOPMENT GUIDE AND SETBACK RULES

2. DRIVEWAY PERMIT -- TOWN HAS FORM
 - A. TOWN ROAD - CONTACT - ROAD AGENT 837-2202
 - B. STATE ROAD- CONTACT - REGION 1 788-4641

3. SEWER PERMIT --- TOWN HAS FORM
 - A. STATE PERMIT - CONTACT - TOWN HAS FORM- 837-9871
DES (603) 271-3503
Needs state approval before town permit
 - B. TOWN SEWER - CONTACT - ~~BILL ROBERTSON~~ 837-9571

4. WATER PERMIT-- TOWN HAS FORM
 - A. TOWN WATER - CONTACT - ~~BILL THOMPSON~~ 837-9237

5. DIG PERMIT **!! ANY DIG NEEDS A PERMIT THRU DIG SAFE !!**
 - A. DIG SAFE - 1-888-344-7233
 - B. STATE ROW needs a dig permit 788-4641

6. TRANSFER STATION PERMIT-- TOWN HAS DECAL
 - A. TOWN OFFICE - 837-9871

7. WETLANDS PERMITS-- TOWN HAS FORM
 - A. TOWN OFFICE - 837-9871
 - B. WHITEFIELD CONSERVATION COMMISSION
Meetings every other 4th Wednesday of the month

OTHER DEPT. PHONE NUMBERS

POLICE	EMERGENCY 911
	EMERGENCY 837-9086
	NON EMERGENCY 837- 9266
FIRE DEPT.	EMERGENCY 911
	BOTH 837-2655
SELECTMEN OFFICE	837-2551
TOWN GARAGE	837-2202
WATER	837-9237
WASTEWATER	837-9571
TRANSFER STATION	837-9171

General Information

Is the property located within any of the following? Special Flood Hazard Zone Airport District Downtown Lakefront Historic Area

Is any land in this parcel in "current use"? Does the property contain hazardous waste?

Are there conditions in the deed affecting this project (eg: easement, right of way, no trailers, minimum building size, maintain historic character, etc.)?

Does your proposal involve construction, landscaping, or a change of use that is located within 125 feet of a wetland area?

Public water On-site well Town sewer on-site Septic Septic state permit # _____

The establishment of additional dwelling units? Expansion of use? Change of use? Indicate past use _____

Square Footage (# feet x # feet) Lot dimensions _____ Lot Acreage _____ Setback from lot lines _____

Existing Building Footprint _____ Renovated /added Footprint _____ Building Height _____ Number of stories _____

Living area of new home (exclude unfinished areas and garage) _____ Total area of building _____

Fire Suppression/Detection Does this building have: sprinkler system fire alarm other suppression _____

A PLOT PLAN and/or FLOOR PLAN DRAWN TO A SCALE NOT LESS THAN 1 INCH =20 FEET IS REQUIRED FOR ALL APPLICATIONS EXCEPT INTERIOR RENOVATIONS (attach separate sheet)

The **plot plan** shall denote property boundaries, location of existing and planned buildings and structures, driveway location, septic system or sewer line location, water well or water line location, distances of all setbacks from streets and lot lines, locations of all buildings less than 100 feet from the project on adjacent properties, paved areas, wetlands.

The **floor plan** shall show exit doors, means of escape from bedrooms, location of any Liquid Propane (LP) cylinders, location of furnace, oil tank, chimney, wood stoves.

Permit or Approval Department Reviews	Check all that apply	Date Obtained	By (Name) Provide copies of permits	COMMERCIAL/ INDUSTRIAL: Use group _____ Construction type _____ Live loading _____ Occupancy load _____
Notice of Intent (required for all)				
Planning / Subdivision				
Sewer (If town sewer)				
Septic (NH Construction Approval)				
Water (If Town Water)				
Driveway Permit: A. NH DOT - State/Federal Highway B. Town Highway Super - Town Rd.				
NH Energy Code Certification of Compliance				
Groundwater Discharge Permit				

THIS DEVELOPMENT PERMIT IS ISSUED subject to the following condition(s) DENIED for the following reason(s):

Planning Board Chairperson/Guide Administrator

Date

Certificate of Occupancy/Use REQUIRED NOT REQUIRED

I hereby certify the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his authorized agent OR I am the owner of record and I certify the proposed work. I agree to conform to the terms of the permit and to all applicable laws of Whitefield and/or the State of NH. I certify that the information given is true and correct to the best of my knowledge.

I understand that it is my responsibility to notify the Town Office at various phases of the project in order that inspections can be made at the appropriate times.

No change from the above information will be made without approval of the Planning Board.

Construction activities shall not commence until the Development Permit is issued. The premises will not be occupied until an "Occupancy/Use Permit" is issued once the project is complete and has been approved by the Inspector for the Planning Board.

Signature of applicant

Date

TOWN USE ONLY:

WATER DEPARTMENT _____

PUBLIC WORKS _____

FIRE/RESCUE _____

SEWER DEPARTMENT _____

**TOWN OF WHITEFIELD
DRIVEWAY PERMIT
APPLICATION**

A drawing must be provided, indicating distances from identifiable objects such as intersections, existing driveways, buildings, utility poles, property lines, natural features, etc.

Pursuant to the provisions of RSA, Chapter 236, Section 13 and amendments thereto, permission is requested to construct a new or improved driveway or entrance on to a Town right-of-way known as (name of road) _____, pursuant to the locatoin, specifications and conditions listed below.

911 Address: _____
Mailing address of location

Tax Map _____
Lot Number _____

Width: _____ Surface Type: _____ Side of road: North South East West

Purpose of driveway or entrance (home, business, etc.): _____
If Commercial, please describe the nature of business being conducted (Site Plan Review may be required):

THE APPLICANT AGREES TO THE FOLLOWING CONDITIONS:

1. Driveway entrance shall have a minimum sight distance of 250' for parcels with more than 500 feet of frontage; parcels with less than 500 feet of frontage may have no more than one driveway access to any one road unless a minimum safe sight distance of 400' in either direction is obtainable.
2. _____ driveway entrance(s) is (are) permissible, each not to exceed _____ feet in width. The driveway entrance(s) may be flared as they approach the pavement. There shall be a paved apron which needs to setback 5 feet from the road width of the driveway. The center of the driveway must be @ a 90 degree angle.
3. Drainage SHALL NOT be allowed to increase or damage adjacent properties or the town right-of-way.
4. This permit requires that the area adjacent to the highway be graded such that the surface will slope from the edge of the pavement to a line _____ feet distant from and parallel to the pavement and _____ inches below the edge of pavement (for the entire frontage of property) which line will serve as a drainage gutter.
5. Applicant SHALL install and maintain culverts in the ditch line of the road at the driveway entrance. The minimum specifications shall be 15" poly smooth wall.

A culvert is is not required for the proposed driveway on this application per the Road Agent.
6. All commercial entrances require Planning Board Site Plan Approval.
7. No stone walls or trees having greater than a 4" caliper shall be disturbed within a scenic road right-of-way without Planning Board Approval.
8. No trees shall be cut or damaged within the Town right-of-way or within the required setback distance, as required by the State of New Hampshire, without written approval.
9. No structures, equipment or buildings, signs, lights, displays, fences, walls, etc., permanent or temporary shall be stored or parked within a Town right-of-way without written permission.
10. Other access to the highway from the premises is to be prevented by construction of a barrier or barriers, such as a grass plot, low hedge, curbed island, etc. The front face of this barrier island shall be _____ feet from the edge of the pavement and the rear edge at the right-of-way line. No part of that right-of-way may be used for any purpose other than travel.
11. The Owner and Applicant are responsible for maintaining Class VI right-of-ways at their expense.
12. Any damage to a Town right-of-way shall be repaired promptly.
13. In the event that the proposed work deviates from the work permit herein, the Owner of the property shall contact the Road Agent for a Permit modification.
14. The applicant shall comply with all applicable State Statutes, Municipal Ordinances, and Regulations of State Agencies.

Owner(s): _____
Printed

Applicant: _____
If same as owner, write "same."

Owner's Signature: _____

Applicant's Signature: _____

Phone Number: _____

Date: _____

Mailing Address to which permit will be sent on approval: _____

Please call the Highway Garage to set-up a time to meet with the Road Agent to go over your proposal. 837-2202

For Office Use Only

Decision: Application Approved
Application Denied

Additional Comments: Pre/Post Approval

Signed: _____
Whitefield Planning Board

Signed: _____
Director of Public Works

09/09

TOWN OF WHITEFIELD

Policy for Commercial Sewer Connections

1. **Purpose.** The Board of Selectmen of the Town of Whitefield has determined that the following policy is necessary and desirable for the proper and efficient operation of the Whitefield municipal sewer system in accordance with the Municipal Sewer System Ordinance 84-2

2. **Authority.** RSA 149-I:7; Town of Whitefield Municipal Sewer System Ordinance 84-2, as amended, Article II, Rules and Regulations; Article IV, Section 5, Building Sewers and Connections; and Article VI, Powers of Assessment and Collection.

3. Policy:

A. Each owner of an improved property may establish the number of municipal sewer connections that owner may require, subject to such limitations and restrictions as shall be established in the municipal Sewer System Ordinance or shall otherwise be established by the Town from time-to-time. The number of connections shall be subject to the approval of the Town at the time of permit application.

B. The owner of each improved property who connects the improved property to the municipal sewer shall pay the Town's municipal sewer hookup fee (or tapping fee), which shall be established by the Town from time to time for each connection. Each hookup fee shall be paid at time of application for a domestic and/or industrial permit and the fee shall be non-refundable for all approved connections.

C. The domestic and/or industrial permits issued for connection with the municipal sewer shall expire if no connection to the municipal sewer is made within five (5) years and shall become void. The owner of an improved property who holds an expired permit shall have no authority to connect to the municipal sewer system and shall reapply for a permit and pay the applicable hookup fee in order to connect with the municipal sewer.

D. A permit for a connection or connection to the municipal sewer shall be non-transferable.

This policy was adopted by the Board of Selectmen on November 20th, 2006
And was amended from Municipal to "Commercial" on March 12, 2007

Town of Whitefield
Board of Selectmen





WHITEFIELD WASTEWATER

Whitefield Wastewater Residential or Commercial Sewer Connection Form In Consideration of Granting A Permit The Undersigned Agrees:

1. To get State approval to connect to the Whitefield Wastewater System
2. To provide a drawing or plan with the location tie and elevations of the proposed connection to be reviewed by the Wastewater Department prior to connection.
3. That the connection will be installed under Town of Whitefield guidelines and requirements under the Sewer Ordinance.
4. To pay for all materials and labor for inspection and installation for connecting to the sewer line with appropriate backfill.
5. To maintain the sewer line connection at no expense to the Town of Whitefield.
6. To schedule an inspector to oversee the connection and backfill, to ensure quality and sewer line integrity. (Please contact the Public Works Director at 837-2202).
7. If applicable, shall conform to the policy for Commercial Sewer Connection.

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Applicant(s) Signature: _____

Print Name(s): _____

Address for billing: _____

Address/Road of proposed: _____

Map _____ Lot _____ # Units _____

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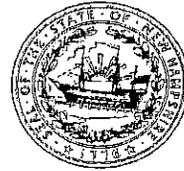
All connection fees must be paid in full upon receiving completed form.

Fee: \$1,000.00 per unit.

Date Paid _____ Check/Cash _____ Amount _____



State of New Hampshire
 DEPARTMENT OF ENVIRONMENTAL SERVICES
 WASTEWATER ENGINEERING BUREAU
 HAZEN DRIVE - P.O. BOX 95
 CONCORD, NH 03302-0095
 TEL (603) 271-3503 FAX (603) 271-4128
 www.des.state.nh.us



APPLICATION FOR SEWER CONNECTION PERMIT

On behalf of _____
 (Project Name or Description)

The Town/City of _____ hereby requests authorization to

A. Connect additional domestic wastewater to its existing wastewater collection, treatment and disposal system, in the amount of :

_____ gallons / day;

and/or

B. Extend its existing wastewater collection system by installing the following :

_____ LF of _____-inch sewer at _____ Street
 _____ " _____ " " _____ "

The municipal wastewater collection/treatment facilities have no history of hydraulic surcharge or overload. The proposed sewer connection and/or sewerage design plans meet with the approval of the local jurisdictional authority/ies.

Name: _____ Title: _____
 (Municipal Official; Please Print or Type)

Signature: _____ Date: _____

See reverse side for additional instructions. Contact the NHDES/Wastewater Engineering Bureau at the address on the masthead if you need clarification regarding this form or connection permit requirements.

WHITEFIELD WATER WORKS

Whitefield Water Works Residential or Commercial Water Connection Form In Consideration of Granting A Permit The Undersigned Agrees:

1. To provide a drawing or plan with the location tie and elevations of the proposed connection to be reviewed by the Water Department prior to connection.
2. That the connection will be installed under Town of Whitefield guidelines and requirements under the Water Ordinance.
3. To pay for all materials and labor for inspection and installation for connecting to the waterline with appropriate backfill.
4. To maintain the waterline connection at no expense to the Town of Whitefield.
5. To schedule an inspector to oversee the connection and backfill from the waterline, to the curb stop, to ensure quality and waterline integrity. (Please contact the Water Dept. at 837-9237).

Applicant(s) Signature: _____

Print Name(s): _____

Address for billing: _____

Address/Road of proposed: _____

Map _____ Lot _____ # Units _____

+++++

All connection fees must be **paid in full** upon receiving completed form.

Fee: \$1,000.00 per unit.

Date Paid _____ Check/Cash _____ Amount _____

TOWN OF WHITEFIELD
REQUEST FOR 9-1-1 NUMBER

Applicant/Landowner: _____

Address: _____

Telephone: _____

Location Street: _____

Tax Map & Lot: _____

Please make a sketch showing the driveway location below. (Also physically mark the location of your driveway with stakes and/or flagging so we can find it in the field.)

Signature: _____ Date: _____

Date Received at Town Office _____ # Assigned _____