Town of Greenfield 7 Sawmill Road PO Box 256 Greenfield, NH 03047 603-547-3442, Fax 603-547-3004

Building Inspector 603-547-0437

www.greenfield-nh.gov

SEPTIC PERMIT

Map & Lot #:	_	Permit #:		<u>SEPTIC</u>
Please print in ink or type all in The undersigned applied for a			100.00 below:	□ Paid
Owner(s) Name:				
Owner Mailing Address:				
Property Location (# & street):				
Is this permit a conjunction with	a building permit? Yes 🗆	No □		
Is this a rental property? Yes	□ No □			
Is this property located on a P	rivate or Class VI road? Yes	s* □ No □		
* If Yes, do you have an Acknowledg Deeds, as required by RSA 674:41? Acknowledgement & Consent form.				
Type of work: ☐ New wo	rk 🗆 Replacement	□ Extension	of old w	ork/
Permit must be obtained before inspection. Permit is good for of the Describe work to be performed.	ne (1) year from date of issu	ie. May be rene	ewed for	a fee.
Designer/Contractor's Name: _				
Company Name:				
Address:				
City/State/Zip:				
Phone:			-	
Signature:(Ow	ner or Contractor)		_ Date: _	
Approval/Signature:				