



TOWN OF CHESTER

Building Department

84 Chester Street

Chester, NH 03036

Office- 603.887.3636

Cell- 603.370.0175

www.chesternh.org



Septic Design Review Application

Today's Date

24 Hour Notice for Inspections

Street Address of Project	Zoning	MAP	LOT
PROPERTY OWNER(S)			
NAME			
ADDRESS			
CITY/STATE/ZIP			
PHONE	EMAIL ADDRESS		
DESIGNER			
NAME	License #		
COMPANY			
ADDRESS			
CITY/STATE/ZIP			
PHONE	EMAIL ADDRESS		
DESCRIPTION of SYSTEM			
____ # of BR (house) ____ GPD (system) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Replace-in-kind <input type="checkbox"/> Expansion			
PLAN SHOWING			
<input type="checkbox"/> System <input type="checkbox"/> Property Lines <input type="checkbox"/> Wells <input type="checkbox"/> Wetlands <input type="checkbox"/> Setbacks			
PLAN SETS			
<input type="checkbox"/> One (1) Paper set OR <input type="checkbox"/> One (1) Digital set: Chester Building Dept			
AND EITHER			
<input type="checkbox"/> One (1) set to be stamped and returned OR <input type="checkbox"/> State letter to be stamped			
SIGNATURES			
All work must conform with the State of NH Building and Fire Codes (International Residential & Building Code [2009 editions]), NH DES Rules Env-Wq 1000, and current local building and zoning regulations. Some Inspections required.			
Applicant			Date
** OFFICE USE ONLY**			
Application Received By			Date
Building Inspector			Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
PERMIT NO.		Amt \$ _____ Ck # _____	
		Date _____ Rec By _____	