

TOWN OF HAMPTON SEWER CONNECTION PERMIT APPLICATION



Date: _____
 Name of Property Owner: _____ Phone Number: _____
 Mailing Address: _____
 Name of Contractor: _____ Phone Number: _____

Check ONE box and attach to this application a sketch, and/ or plans as applicable as well as payment. (At this time payment of the Sewer Connection and the WWSDC fees must be separate.)

Existing Building: Replacement or repair of sewer service – *only check this box if replacement or repair of sewer service is within the same location and no new internal connections are made. No fee required as new sewer service is a betterment to system.*
 Property Address (include house number) _____
 Tax Map _____ Lot Number _____ Number of Existing Connections _____

Existing Building: New or relocated sewer service to existing building – *only check this box if the building is existing and a new sewer service is proposed or is relocated*
 Property Address (include house number) _____
 Tax Map _____ Lot Number _____
 Number of Existing Connections _____ X \$300 = _____ Fee
 Number of New Bedrooms _____ X 150 _____ X WWSDC* = _____ Fee
 Number of Mother-in-Law Apts _ X 225 x WWSDC* = _____ Fee
 Total _____ Fee

New Residential Construction
 Property Address (include house number) _____
 Tax Map _____ Lot Number _____
 Number of Connections _____ X \$300 = _____ Fee
 Number of Bedrooms _____ X 150 _____ X WWSDC* = _____ Fee
 Number of Mother-in-Law Apts X 225 x WWSDC* = _____ Fee
 Total _____ Fee

New Commercial Construction
 Property Address (include building number) _____
 Tax Map _____ Lot Number _____
 Number of Connections _____ X \$300 = _____ Fee
 Proposed Daily Water Usage _____ X WWSDC* = _____ Fee
 Total _____ Fee

Signature: _____

*Signature above indicates that the sewer connection(s) will be in accordance with the Code of the Town of Hampton *Wastewater System Development Charge = \$6.32/gal. per BOS 01/2019*

Office Use Only Sewer Available Sewer Available at Main Only No Sewer

Comments: _____

Authorized Signature _____ Date _____ Permit Number _____