

# Utility Connection Permit Application

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



<b>APPLICANT: FILL OUT SECTIONS 1-4 ONLY</b>	<b>CITY USE ONLY</b>
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**1. Applicant Name:** \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
**24 HR EMERGENCY PHONE:** \_\_\_\_\_

**2. Excavation Permit #:** \_\_\_\_\_  
 Contractor: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
**24 HR EMERGENCY PHONE:** \_\_\_\_\_

**3. Excavation Location:** \_\_\_\_\_  
 Scheduled Start Date: \_\_\_\_\_ Complete: \_\_\_\_\_  
 Excavation Type:   Open   Cut   Other: \_\_\_\_\_  
 Type of Utility Connection:   Water   Sewer   Storm Drain

**4. Type of Work:**   New Construction   Alteration

By signing this application, the Applicant acknowledges that he/she has read and hereby agrees to abide by the City of Keene’s Excavation Permit requirements, in accordance with Sec. 82-32, the City of Keene Construction Standards, latest edition, and to any other ordinances, special conditions, restrictions, and regulations that may be imposed by the Public Works Department. Applicant further agrees to provide the Engineering Division with detailed and reasonably accurate sketch of the connection within 3 business days of installing said connection

Applicant’s Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Permit #: \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Conditions: \_\_\_\_\_  
 \_\_\_\_\_

**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

Subtotal \$ \_\_\_\_\_  
 Previous Payments \$ \_\_\_\_\_  
 Total Due: \$ \_\_\_\_\_  
 Date Paid: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Additional Fees: \$ \_\_\_\_\_  
 Final Approval: \_\_\_\_\_  
 Date: \_\_\_\_\_