



Town of Canaan
Office of the Selectmen
PO Box 38
Canaan, New Hampshire
03741

Phone: (603) 523-4501

FAX: (603)-523-4526

APPLICATION FOR WATER AND SEWER CAPACITY

Name of Owner: _____ Telephone: _____

Owner's Mailing Address: _____

Location for Proposed Capacity: _____

Tax Map & Lot Number of Proposed Capacity: _____

Will Water Capacity be required?
(Must be used if building is within 150 feet of service.) _____ Yes _____ No

Will Waste Water Capacity be required?
(Must be used if building is within 150 feet of service.) _____ Yes _____ No

Water/Sewer Capacity: Gallons per Day Based on Table 1008-1 Env-Wq 1000 – See Attached Schedule

COMPLETE FOR EACH USE PROPOSED

Use: _____	Flow: _____
Use: _____	Flow: _____
Use: _____	Flow: _____
Use: _____	Flow: _____
Use: _____	Flow: _____
Use: _____	Flow: _____
Use: _____	Flow: _____

For Industrial Users Only:

Type of Industry: _____ Products & Quantity: _____

Anticipated gallons per day: _____ Anticipated Gallons Per Year: _____

Indicate any waste water components that may pose management issues for the Town.

I have received and reviewed the Water and Sewer Regulations for the Town of Canaan and I and my agents will abide by those regulations. In understand that any construction to connect to the new curb stop is the responsibility of the applicant and must be constructed in a manner acceptable to the Town. A meter will be installed by the Town on the new service line. If the meter is installed in a meter pit, the pit must meet the criteria established by the Town. The use of heat tapes on the meter and in the meter pit is prohibited except by specific waiver.

_____ Applicant _____ Date

Please Remit \$200 with application as application fee. An additional \$1,000 fee required when connected.

----- For Office Use Below -----

Application Fee Accepted: _____ Date: _____

Connection Fee Accepted: _____ Date: _____ DES Permit Number _____