



TOWN OF RYE SEWER COMMISSION

10 Central Road, Rye, NH 03870
(603) 964-6815, Fax (603) 964-1516

APPLICATION FOR SEWER INSTALLER'S LICENSE **RYE, NEW HAMPSHIRE**

DATE: _____ 20 ____

NAME: _____

HOME ADDRESS:

HOME TELEPHONE: _____ MOBILE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ MOBILE: _____

1. Are you licensed by the State of New Hampshire to install septic systems? If yes, please give license number and expiration date.

2. Are you a plumber licensed by the State of New Hampshire? If yes, please give license number and expiration date.

3. Please give a brief description of any experience you have had in constructing and installing sewer systems.

4. Work References: Please give the names and addresses of some persons or firms for whom you have done similar work.

Work References (cont'd)

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signed: _____

Date: _____

Applicant

SEWER INSTALLER'S LICENSE

A Sewer Installer's License is hereby issued to _____ of
_____ on the condition that he or she shall comply with the Sewer
Use Ordinance of the Town of Rye. Licenses are issued for each calendar year. This license will expire on
December 31, 20____.

Signed: _____

Date: _____

Clerk of the Works, Town of Rye Sewer Commission

\$100.00 License Fee Received: _____

Date