

# Excavation Permit Application



Laconia Public Works  
27 Bisson Ave.  
Laconia, NH 03246  
[publicworks@laconianh.gov](mailto:publicworks@laconianh.gov)  
(603) 528-6379

## Minimum of Four (4) working days required for approval

Emergency Permits must be obtained next business Day

Contact Public Works Prior for Backfilling and Paving Inspection (603) 387-9016

APPLICANT
Applicant Name:
Property Owner:
Owner Address:
City/State/Zip:
Email:
Contractor:
Contact Name:
Address:
City/State/Zip:
Email:
<b>24 HR EMERGENCY TELEPHONE:</b>

DIG SAFE#:			
Excavation Location:			
Schedule Start Date:	Complete:		
Excavation Size in (FT):	(L)	(W)	
Pavement/Roadway Area Impacted (SF):			
Infrastructure/Sidewalk Area Impacted (SF):			

PURPOSE OF EXCAVATION		
Water:	Sewer:	Storm Sewer:
Gas:	Electric:	Other:
Describe Project and work:		

CITY USE ONLY	
Permit No.:	
Approved By:	
Approved Date:	
<b>Expiration Date: 30 Days from Approved Date</b>	
<b>Effective Date:</b>	
Conditions:	
NEW PERMIT:	RENEWAL:
<b>Administration and Inspection Fee:</b>	\$ 125.00
(Non-Refundable)	
<b>Street Damage Fee:</b>	\$ -
SF x \$5.00/SF	
<b>Infrastructure Damage Fee:</b>	\$ -
(includes unpaved portion of ROW)	
SF x \$2.50/SF	
<b>Pavement Reduction Factor:</b>	
<2 Year Old: 3x Street Damage Fee	
2-5 Years old: 2x Street Damage Fee	
>5 Years old: No Pavement life Reduction Factor	
<b>Pavement Age:</b>	Total:
Date Paid:	
Form of Payment:	
Receipt #:	

By undersigning this application, the applicant acknowledges that he/she has read and hereby agrees to abide by the City of Laconia's Street Excavation Permit Regulation and Ordinance Chapter 201:15

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To Apply, download or print the application then use SUBMIT button or email a completed copy to [publicworks@laconianh.gov](mailto:publicworks@laconianh.gov)

**Sketch location of excavation (include dimensions and affected parking spaces)  
in the box provided below**

