

# 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>	

<b>DIG SAFE#:</b>	
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:	

CITY USE ONLY	
Permit No.:	
Approved By:	
Approved Date:	
Expiration Date: <b>30 Days from Approved Date</b>	
<b>Effective Date:</b>	
Conditions:	
NEW PERMIT:	RENEWAL:
<b>Administration and Inspection Fee:</b> (Non-Refundable)	\$ 125.00
<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**

