



# ROCKINGHAM COUNTY CONSERVATION DISTRICT

110 North Road  
Brentwood, NH 03833-6614  
TEL 603-679-2790 FAX 603-679-2860  
www.rockinghamccd.org

## TECHNICAL REVIEW REQUEST- DIRECT PAY METHOD

Authorization for RCCD Acting as Town Agent

**Instructions:** FIRST confirm the review is required by the town and the town uses the Direct Pay Method. For fastest service, COMPLETE OUR ONLINE FORM at [www.rockinghamccd.org](http://www.rockinghamccd.org) click **Request Technical Review** in the header. **If you do not have computer access**, check off the requested services and submit this completed form to RCCD along with your prepayment for the full costs of services. RCCD will contact you for scheduling. For hourly work other than subdivision test pits, submit your plans and this form to RCCD for an estimate addressed to the town and copied to you. You will be requested to prepay the amount of the estimate. Any charges not used will be refunded. If additional work is needed beyond the estimate, it must be prepaid prior to initiation. **RCCD works as an agent for the town. All reports will be addressed and issued to the town.**

### HOURLY SITE DEVELOPMENT REVIEWS

\_\_\_ Engineer/Engineering Reviews \$95/hr  
(Site plan review, stormwater treatment, construction, etc.)

\_\_\_ Natural Resource Scientist/Impact Reviews \$90/hr  
(Soil/wetland mapping field review, natural resource impact application reviews, site stabilization, etc)

### TEST PIT WITNESSING

\_\_\_ Single lot \$270 flat fee  
\_\_\_ Adjacent lots/subdivision (Deposit estimated as 2 hr + field time) \$90/hr

### SETBACK COMPLIANCE/LOT REVIEWS

\_\_\_ Single lot building setback (wetlands, etc w/ proposed construction staked) \$120 flat fee

### SEPTIC SYSTEM DESIGN REVIEW (Completion of this form not required)

\_\_\_ Residential/Commercial \$65/\$90 first review  
\_\_\_ Subsequent reviews with corrections w/in 90d \$35 ea resubmittal

### SEPTIC SYSTEM INSTALLATION REVIEWS

\_\_\_ Basal area inspection ("bed bottom") \$65 flat fee  
\_\_\_ Final site stabilization review \$65 flat fee  
\_\_\_ Subsequent re-inspections with corrections w/in 90d \$35 ea site revisit

Property Owner: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Property Location: \_\_\_\_\_ Tax Map# \_\_\_\_\_ Lot # \_\_\_\_\_

Town \_\_\_\_\_ Review Required by Town?: Y \_\_\_\_\_ N \_\_\_\_\_

Project Contact \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
(Designer/Engineer/Installer)

Work Requested by: \_\_\_\_\_ Title: \_\_\_\_\_  
(If other than contact)

Company \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Notes: \_\_\_\_\_