

TOWN OF MONTGOMERY, SANITARY WASTEWATER DISPOSAL PERMIT APPLICATION

Please print legibly or type. A **\$125.00** application fee must be attached together with a copy of a survey map or a scaled drawing of the parcel with a minimum scale of 1" = 50 feet.

Date: _____

The undersigned hereby makes application for a sanitary waste water disposal permit.

FOR NEW CONSTRUCTION **TO REPAIR/REPLACE AN EXISTING SYSTEM**

OWNER'S NAME _____ CONTRACTOR'S NAME _____

ADDRESS _____ ADDRESS _____

TEL.# (DAY) _____ TEL. # (DAY) _____

(NIGHT) _____ (NIGHT) _____

LOCATION OF PROPERTY _____

TAX MAP DESIGNATION: SECTION _____ BLOCK _____ LOT _____

ACREAGE OF LOT _____ ACRES

TYPE OF BUILDING TO BE SERVED: DWELLING GARAGE COMMERCIAL

OTHER _____

IF RESIDENTIAL: NUMBER OF BEDROOMS _____

IF COMMERCIAL: NUMBER OF EMPLOYEES _____ DESIGN FLOW (GPD) _____

SOURCE OF WATER SUPPLY: PUBLIC WATER SYSTEM INDIVIDUAL WELL

A copy of a sanitary waste disposal system plan, prepared by a licensed engineer is attached.

The project is part of an approved subdivision

LOT # _____ NAME OF SUBDIVISION _____

NAME OF ENGINEER WHO DESIGNED SYSTEM _____

WILL THE DESIGN ENGINEER BE CERTIFYING TO THIS SYSTEM'S INSTALLATION YES NO

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

THIS SECTION FOR OFFICE USE ONLY

Following an inspection of the site and a review of the soil test results, it is recommended this application be approved subject to the terms and conditions listed below.

APPROVED BY

TITLE

DATE

TERMS AND CONDITIONS OF APPROVAL:

A permit to construct a sanitary waste water disposal system is granted subject to the conditions and specifications below. Your contractor shall not contravene any of these specifications without written authorization from this department. Any conflict or inability of the contractor to follow this plan should be brought to the attention of this department before proceeding with construction. New York State Health Department standards for this system as outlined in *Individual Residential Wastewater Treatment Systems Design Handbook* (NYSDOH) and *Appendix 75-A* shall be adhered to.

This application is approved per plan(s) by: _____

Entitled: _____

Dated/Last Revised: _____

With the following Conditions:

Minimum septic tank size required _____ Gallons

Required length of *perforated* pipe in the absorption trenches _____ Lineal Feet

Distribution device: () Drop boxes, _____ Required

() Single Distribution Box _____ Minimum Outlets

Comments:

COMPLIANCE INSPECTION

A courtesy inspection was performed by the Building Department on _____. The disposal system appeared to be located and constructed in conformance with the approved plans. A certification from the applicant's engineer _____ P.E., dated _____ has been received by this office.

Comments:

APPROVED BY TITLE DATE

NOTE: ALL PAGES MUST BE SUBMITTED TO BUILDING DEPARTMENT