

Evaluation _____ Date _____ Draft _____ Date _____
Engineer _____ Date _____ Inspection _____ Date _____

File 4 5 6 7
Municipality _____
Permit # _____

SCHUYLER COUNTY WATERSHED PROTECTION AGENCY Fee \$ _____
208 Broadway Ave, Room 305 Montour Falls, NY 14865
Phone: 607-535-2208 Fax:607-535-2361

APPLICATION FOR WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT

Type (check one)

New Construction Conversion Addition/Modification Replacement Tank Upgrade Repair

Applicant _____ Phone _____ Fax _____

Mailing Address _____ Email _____

Owner _____ Phone _____ Fax _____

Mailing Address _____ Email _____

Former Owner _____ Lot Acquired in (year) _____ Lot Created _____

Property Location _____ Lot size ___ x ___ and/or _____ acres

In Non Residential, list wastewater source _____ Tax Parcel ID _____ - _____ - _____

Structure Type _____ Foundation Type _____ Basement Fixtures _____

Total # of: Bedrooms _____ Occupants _____ Kitchens _____ Garbage Disposal _____ Spa/hot tub _____

Water Supply: { Existing Or Proposed Type: { Drilled Well Spring Surface Dug Well Public
If proposed, see attached well application form

Water Supply Depth _____ ft Depth Casing _____ ft Depth Grouted _____ ft

Additional Permits Required: yes no if so, list _____

"I hereby certify that the above listed is true to the best of my knowledge. I agree to be responsible for the payment of the permit. Any modification from the information provided above shall be brought to the attention of the Agency."

Signature _____ Date _____

Additional Notes:

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