

TOWN OF WARWICK
SEPTIC PERMIT APPLICATION
FEE: TANK (ONLY) REPLACEMENT - \$75
NEW OR SYSTEM REPAIR - \$475 *AS OF 1/1/10
DYE TEST - \$475

Date _____

Application is hereby made to the Building Department for the issuance of a Septic Permit pursuant to the Code of the Town of Warwick, for the construction of a private waste water system on a lot that does not have an approved system or for the repair or reconstruction of an existing septic system. The applicant agrees to comply with all applicable laws, ordinances and regulations.

SITE DATA:

Street Location: _____ Section – Block – Lot: _____ – _____ – _____

Project Description: _____

Total # of Bedrooms: _____ Size of tank: _____

OWNER:

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phones: _____ Mobile: _____

Owner waiver letter (needed if not the home owner) YES _____ NO _____

Homeowner will receive original copy. If applicant would like a copy, please let the Building Department know.

ENGINEER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

CONTRACTOR:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

INSURANCE (check one): (MUST be provided if having a builder do any work on your property)

- Builder / Contractor / Developer - New York State Insurance Certificate (*Workers Compensation*) (U-26.3 or C-105.1 are the ONLY FORMS ACCEPTED! – **ACORD FORMS ARE NOT VALID PROOF!**)
- CE-200 Form: Certificate of Attestation of Exemption. To be filled out on www.wcb.state.ny.us website.
- WC/DB BP-1 certificate: Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance.

SEPTIC SITE PLAN SUBMISSION CHECK LIST:

- _____ 1. If approved subdivision map, attach a copy of the filed map showing proposed septic design and filed map #.
- _____ 2. Name and address of the owner of record including section, block and lot information.
- _____ 3. Name and address of person, firm or organization preparing map.
- _____ 4. Date, North arrow, written and graphical scale.
- _____ 5. Sufficient description or information to define precisely the boundaries of the property. (Survey) All distances shall be in feet and tenths of a foot.
- _____ 6. Existing contours with intervals of two feet or less in areas of the driveway, house well and septic.
- _____ 7. Approximate boundaries of any areas subject to flooding or storm water overflows.
- _____ 8. The location of all proposed and existing well and sewage disposal systems on the property or within 200 feet of the site.
- _____ 9. Location of existing watercourse, marshes, wooded areas, rock outcrops and any other significant existing features.
- _____ 10. The location of uses and outlines of structures drawn to scale on and within one hundred (100) feet of the lot line.
- _____ 11. Driveway sight distances shown on the plans.
- _____ 12. Percolation and Deep Test Pit results (two each) data to be reviewed by a representative from the Town Engineer's office.
- _____ 13. Proposed septic system design and related details.

AUTHORIZATION:

State of New York,
 County of _____, _____ being duly sworn deposes and says he/she is the owner and is duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me
 this _____ day of _____

Owner Signature: _____

Print Name: _____

Notary Public: _____

Stamp:

FOR TOWN USE ONLY

Fee Paid: _____ Check #: _____ Cash Application #: _____

Comments: _____