

**TOWN OF WARWICK  
SEPTIC PERMIT APPLICATION**

**FEE:**  
**TANK (ONLY) REPLACEMENT/LINE REPAIR - \$100**  
**NEW/UPGRADE OR SYSTEM REPAIR - \$475**  
**NEW SYSTEM (with Planning Board approval granted) - \$200**

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.

Date \_\_\_\_\_

**SITE DATA:**

Street Location: \_\_\_\_\_ Section – Block – Lot: \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_

Project Description: \_\_\_\_\_

Total # of Bedrooms: \_\_\_\_\_ Size of existing tank: \_\_\_\_\_ Size of proposed tank: \_\_\_\_\_

**OWNER:**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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!**)  
Town of Warwick must be listed as certificate holder.
- ☐ CE-200 Form: Certificate of Attestation of Exemption. To be filled out on [www.wcb.state.ny.us](http://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. Survey or Map showing location of work being done with setbacks & detailed description.
- \_\_\_\_\_ 2. Insurance provided or Waiver form.
- \_\_\_\_\_ 3. Notarize Application.
- \_\_\_\_\_ 4. FOR NEW OR UPGRADED SYSTEMS: Three copies of Site plan, Percolation and Deep Test Pit results & appropriate details to be reviewed by Town Engineer.

**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 \_\_\_\_\_

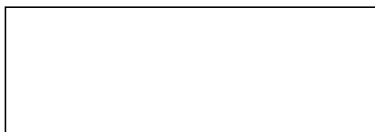
**Owner Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**Notary Public:** \_\_\_\_\_

Owner waiver letter (needed if not the home owner)

Stamp:



**FOR TOWN USE ONLY**

Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash Application #: \_\_\_\_\_

Comments: \_\_\_\_\_