

**TOWN OF WARWICK**  
**WELL PERMIT APPLICATION**  
**FEE: \$100**  
***Make checks payable to: Town of Warwick***

Date\_\_\_\_\_

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

**WELL SITE PLAN SUBMISSION CHECK LIST:**

- \_\_\_\_\_ 1. If approved subdivision map, attach a copy of the filed map showing proposed well location and filed map #.
- \_\_\_\_\_ 2. Date, North arrow, written and graphical scale.
- \_\_\_\_\_ 3. Sufficient description or information to define precisely the boundaries of the property (Survey).
- \_\_\_\_\_ 4. Existing contours with intervals of two feet or less in areas of the driveway, house well and septic.
- \_\_\_\_\_ 5. The location of all proposed and existing well and sewage disposal systems on the property or within 200 feet of the site of proposed well location.

**SITE DATA:**

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

**OWNER:**

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

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**WELL DRILLER:**

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

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

NYS DEC License # \_\_\_\_\_

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

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

- ☐ Builder / Contractor / Developer - New York State Insurance Certificate (*Workers Compensation*) (U-26.3 or C-105 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.ny.gov](http://www.wcb.ny.gov) website.
- ☐ WC/DB BP-1 certificate: Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance.

**AUTHORIZATION:**

State of New York,  
County of \_\_\_\_\_, \_\_\_\_\_ being duly sworn deposes and says he 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 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 **Owner Signature:** \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ **Print Name:** \_\_\_\_\_

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

Owner Waiver Letter: Yes:\_\_\_No:\_\_\_

**FOR TOWN USE ONLY**

FEE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CHECK AMOUNT: \_\_\_\_\_

Comments: \_\_\_\_\_ Application #: \_\_\_\_\_