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 #:____________________

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!)


☐ WC/DB BP-1 certificate: Affidavit of Exemption to Show Specific Proof of Workers’ Compensation Insurance.

AUTHORIZATION:

SWEAR TO BEFORE ME, Owner, 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.

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

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 #:________________

03/01/19