

APPLICATION

FOR A 'PERMIT TO CONSTRUCT': INDIVIDUAL SEWAGE SYSTEM TANK REPLACEMENT

RENSSELAER COUNTY DEPARTMENT OF HEALTH
1600 7TH AVENUE, TROY, NEW YORK 12180

APPLICANT: _____

CURRENT ADDRESS: _____

NUMBER BEDROOMS: _____ PHONE: H _____ W _____

TAX MAP NUMBER _____ TOWN _____

STREET/ROAD OF PROPOSED SIITE: _____

SUBDIVISION NAME: _____ LOT#: _____

WATER SUPPLY: WELL () PUBLIC ()

TYPE/SIZE OF TANK TO BE REMOVED _____

MAKE, MODEL & SIZE OF TANK TO BE INSTALLED _____

I, _____, APPLICANT, AUTHORIZE THE FOLLOWING CONTRACTOR TO BE THE SERVICE PROVIDER ON THIS PROJECT:

CONTRACTOR NAME: _____

ADDRESS: _____

_____ PHONE _____

CURRENT OWNER: _____ DATE _____

(SIGNATURE)

CONTRACTOR: _____ DATE _____

(SIGNATURE)

Contractors shall provide a sketch and tye distances after the installation and submit such to this Department.

FEE SCHEDULE

TANK REPLACEMENT: _____

(\$100.00)

ALL FEES ARE NON-REFUNDABLE

OFFICE USE ONLY:

DATE OF PERMIT: _____ PERMIT # _____

EHIPS# _____