



## SEPTIC SYSTEM INSTALLATION

### PERMIT APPLICATION

**BUILDING DEPARTMENT**

Town Hall- 2540 Route 9

Malta, NY 12020

Telephone (518)899-2685

Fax (518)899-4719

**WAYNE HOFFMAN**

Code Enforcement Officer

building2@malta-town.org

**Greg Berg**

Code Enforcement Officer

gberg@malta-town.org

PROJECT SITE ADDRESS \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

#### **Location Information**

TAX ID# \_\_\_\_\_

SYSTEM COST \$ \_\_\_\_\_

NUMBER OF BEDROOMS \_\_\_\_\_

GARBAGE DISPOSAL?                      YES    NO

HOT TUB/SPA?                                      YES    NO

#### **PROPERTY OWNER INFORMATION**

OWNER'S NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

#### **APPLICANT INFORMATION (IF APPLICABLE)**

APPLICANT'S NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

#### **CONTRACTOR INFORMATION**

COMPANY NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

#### **LICENSED PROFESSIONAL INFORMATION**

COMPANY NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PROFESSIONAL'S NAME \_\_\_\_\_

NYS LICENSE # \_\_\_\_\_

#### **FOR STAFF USE ONLY:**

DATE/TIME APPLIED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

DATE ISSUED/DENIED \_\_\_\_\_

PERMIT # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

# Application Information for Installation of Private Sewage Disposal System

All information requested below must be completed along with all the required signatures.

**OTHER PERMIT REQUIREMENTS** (PROVIDE COPY OF ANY THAT APPLY)

D.E.C. PERMIT	YES	NO	D.E.C. PERMIT	YES	NO
FLOOD PLAIN DEVELOPMENT PERMIT	YES	NO	STATE HEALTH DEPT PERMIT	YES	NO
SOIL DISTURBANCE ACTIVITY PERMIT	YES	NO	OTHER _____	YES	NO

**WORK TYPE** (CIRCLE APPLICABLE CHOICE)

RESIDENTIAL PREMISES:	NEW SYSTEM	REPAIR/REPLACEMENT/ENLARGEMENT OF EXISTING
COMMERCIAL PREMISES:	NEW SYSTEM	REPAIR/REPLACEMENT/ENLARGEMENT OF EXISTING

OTHER (EXPLAIN): \_\_\_\_\_

Application is hereby made for the issuance of a permit for the installation of a private sewage disposal system (including any part thereof) on a private property in the Town of Malta. The owner, applicant and contractor agree to comply with all applicable NY State Health Department (Appendix 75-A) and local regulations and ordinances, all conditions expressed on this application and agree to arrange for authorized town inspectors to enter the premises for all required inspections. The following shall also apply:

1. **APPLICATION MUST BE FILLED OUT COMPLETELY.** Signatures of property owner and applicant are required. Detailed drawing(s) and description of the proposed sewage disposal system shall accompany this application. Plans shall bear the seal and signature of the New York State licensed professional.
2. A survey, as required for new construction, or a to-scale plot plan must accompany application and must show: (a) lot configuration and dimensions; (b) all buildings or structures on the lot and their distances to each other and to the lot lines; (c) location of and distance to any water systems/disposal systems, any existing and proposed wells, any waterways, ponds, etc., on this site or on contiguous sites; (d) location of all proposed silt fences and construction entrance. The silt fence and construction entrance must be installed and maintained in accordance with the NYS Standards and Specifications for Erosion and Sediment Control.
3. Contractor must provide: (a) a certificate of liability insurance showing a minimum one million dollars per occurrence, with the Town of Malta listed as certificate holder; (b) certificate of workers compensation insurance, on either the State approved **C-105.2** form or the **U-26.3** form; (c) certificate of disability insurance, on either the State approved **DB-120.1** or **DB-155** form.
4. A permit fee of **\$82.00** (check made payable to *Town of Malta*), must accompany application.
5. Results of percolation tests and deep hole tests are required with licensed professional's stamp, as witnessed.
6. Construction of the proposed system shall not commence prior to permit issuance. Minimum 24-hour notice is required for all inspections. Any deviation from the approved plan(s) must be authorized by the licensed professional and the Building Department prior to inspection.
7. Inspection by a Code Enforcement Officer is required prior to any portion of the system being covered or backfilled.
8. As-built drawing of the system shall be submitted to the Building Department once the final inspection has passed, and prior to issuance of a Certificate of Occupancy for the premises.

SIGNATURE OF PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_