

TOWN OF PLATTSBURGH
CLINTON COUNTY, NEW YORK

RESIDENTIAL SEWER SERVICE
APPLICATION AND PERMIT

SEWER PERMIT NO. _____

PARCEL NO. _____

To the Town of Plattsburgh:

I, _____ being the owner, or legally authorized agent,
please print
of the property located at _____ in the _____ sewer
district do hereby request a permit to (install, repair or replace) the sewer service at said location.
(circle one)

1. The following indicated fixtures will be connected to the proposed building sewer:

NUMBER	FIXTURE	NUMBER	FIXTURE
_____	Kitchen Sinks	_____	Toilets
_____	Laboratories	_____	Bath tubs
_____	Laundry tubs	_____	Showers
_____	Urinals	_____	Garbage grinders

Specify other fixtures _____

2. Specify work to be done _____

3. Type of material to be used _____

Size of material to be used _____

Footage of material to be used _____

4. Name of contractor _____

5. Verify the contractor has a Certificate of Liability Insurance with the Town of Plattsburgh listed as an additional insured on file.

In consideration of the granting of this permit, the undersigned agrees:

- To accept and abide by all provisions of the ordinances local laws or regulations of the Town of Plattsburgh, now in existence or that may be adopted in the future.
- To maintain the sewer service at no expense to the Town.
- To **notify** the Water and Wastewater Utilities Director when the sewer service is ready for **inspection** and operation, but before any portion of the work is covered. **A MINIMUM 72-HOUR NOTICE IS REQUIRED.**
- To accept the responsibility for the satisfactory completion of work and to hold harmless the Town of Plattsburgh, its agents and employees in the event of any loss or damage that may directly or indirectly be occasioned by said installation.
- To pay all cost for installation of line and/or repair (road) as designated by Highway & W & S Department.

Date of Application _____

\$ _____ connection fee paid

\$ _____ inspection fee paid

Application approved and permit issued:

Date: _____

By: _____
Director of Water & Wastewater Utilities

Applicant's Notarized Signature

Notary

* _____

Applicant's Mailing Address

() _____

Applicant's Telephone Number

CLERK - Copy #1
SUPT. - Copy #2
OWNER - Copy #3