

TOWN OF STILLWATER



ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION
BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 664-9537 BUILDING, PLANNING & DEVELOPMENT
DEPARTMENT

APPLICATION FOR INSTALLATION OF NEW OR REPLACEMENT SEWAGE DISPOSAL SYSTEM \$150.00

**PLEASE INCLUDE ON THE PLANS AN
APPROVAL BOX 3.5 H x 4 W FOR STAMPING
BY THE TOWN OF STILLWATER**

For Official Use Only

**Date Application Received:
Application #:**

*****PLEASE NOTE*** THE TOWN OF
STILLWATER HAS THE RIGHT TO INSPECT
THE PREMISIS AS NEEDED WITH THE
ISSUANCE OF A PERMIT.**

Applicant:

Part I – General Information:

ADDRESS OF SITE: _____ Tax ID: _____
Number Street Section Block Lot

SUBDIVISION NAME (IF APPLICABLE): _____ LOT NO.: _____

NO OF BEDROOMS (if applicable): _____ WATER SUPPLY: PUBLIC WELL

SOIL CONDITIONS: _____ PERCOLATION RATE: _____

SEWAGE SYSTEM DESCRIPTION:

SEPTIC TANK SIZE _____ DISTRIBUTION METHOD: GRAVITY PUMPED

TYPE OF SUBSURFACE DISPOSAL (check one):

The following descriptions are based upon Appendix 75-A of the NYS Sanitary Code.

Conventional Systems

- ☐ Absorption Field
- ☐ Gravelless Absorption System
- ☐ Deep Absorption Trenches
- ☐ Shallow Absorption Trenches.
- ☐ Cut and Fill System
- ☐ Absorption Bed System
- ☐ Seepage Pits.

Alternative Systems

- ☐ Raised System
- ☐ Mound
- ☐ Intermittent Sand Filter
- ☐ ET/ ETA System
- ☐ Other System

Part II – Plan Requirements:

All new and replacement sewage disposal systems must be accompanied by a site plan showing the location of all system components relative to property lines, house/buildings and other relevant boundary conditions as well as any necessary construction details and specifications necessary for completion of construction.

Part III – Applicant Information:

APPLICANT INFORMATION (if not owner):

Applicant's Name _____

Address _____

Number

Street

City

State

Zip Code

Phone # _____

Fax # _____

Cell# _____

e-mail address: _____

Applicant's Signature _____

Date _____

OWNER INFORMATION:

Owner's Name _____

Address _____

Number

Street

City

State

Zip Code

Phone # _____

Fax # _____

Cell# _____

e-mail address: _____

DESIGN PROFESSIONAL INFORMATION:

[Note: All systems are required by law to be designed by a professional engineer, exempt licensed surveyor or architect educated, experienced and trained in the design and construction of on-site waste water treatment systems (OWTS's), all as defined by the NYS Education Law and accepted by the NYS Department of Health.]

Check One: Professional Engineer Exempt Surveyor Registered Architect

Name: _____

Address: _____

Number

Street

City

State

Zip Code

Phone # _____

Fax # _____

e-mail address: _____

NYS Professional License # _____

INSTALLER INFORMATION:

Name: _____

Address:

| | | | | | | | | |
|---------|--------|--------|-------|-------|--|-------|-------|----------|
| | Number | Street | | City | | State | | Zip Code |
| Phone # | _____ | | Fax # | _____ | | Cell# | _____ | |

e - mail address:

| | | |
|-------------------------------------|---|------|
| For Official Use Only | | |
| Application: Approved By: | | |
| Denied | Building Inspector/Code Enforcement Officer | Date |
| If denied, bases for denial: | | |