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 H x 4.5W 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 INSSUANCE 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 Str eet 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:_____

DESIGN PROFESSIONAL INFORMATION:

[Note: <u>All</u> 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: _____

NYS Professional License #

INSTALLER INFORMATION:

Name: _____

Address:

_____

Number Street City State Zip Code

Phone # _____ Fax #_____ Cell# _____

e - mail:_____

For Official Use Only

Application: Approved By:

Denied Building Inspector/Code Enforcement Officer Date

If denied, bases for denial:

Revised 8/20/2026