

APPLICATION

FOR "PERMIT TO CONSTRUCT" INDIVIDUAL SEWAGE TREATMENT SYSTEM

RENSELAER 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 SITE: _____

SUBDIVISION NAME: _____ LOT# _____

WATER SUPPLY: () WELL () PUBLIC () EXISTING () PROPOSED

I, _____, APPLICANT, AUTHORIZE THE FOLLOWING DESIGN PROFESSIONAL
TO BE THE ENGINEER/ARCHITECT OF RECORD ON THIS PROJECT:

DESIGN PROFESSIONAL NAME: _____

ADDRESS: _____

_____ PHONE _____

CURRENT OWNER: _____ DATE ____/____/____

SIGNATURE

PROFESSIONAL ENGINEER: _____ DATE ____/____/____

SIGNATURE

FEE SCHEDULE

Application Fee

New/Expansion (\$300.00) _____

Replacement (\$200.00) _____

Permit Fee

New _____
(\$75.00 for conventional system or \$150 for fill systems)

Renewal (\$50.00) _____

ALL FEES ARE NON-REFUNDABLE