

**SARATOGA COUNTY SEWER DISTRICT #1
REQUEST FOR REVIEW FORM**

Review Number: _____ Date: _____

Name of Project: _____

Project's Proponent: _____

Location of Project: _____

Tax Map Number (SBL) of Project's Location: _____

Projected Design Flow: _____ gpd Projected Discharge Rate: _____ gpm

Name of entity that will own sewer system through completion on construction:

Address: _____

Town/City: _____

Phone: _____ Fax: _____

Description of Project: _____

Is sewer system proposed to be dedicated to Saratoga County Sewer District #1?

Yes No

Name of entity that will own sewer system if not dedicated to SCSD #1

Name: _____

Address: _____

Town/City: _____

Phone: _____ Fax: _____

If a private sewage transportation corporation will own the sewer system, is the project area to be serviced by the sewer system entirely within the defined boundaries of the service area and/or franchise area of the transportation corporation as stated in it's Certificate of Incorporation and approved by the local municipality?

Yes No

If the preceding answer is "No", what portion of the project area is outside the defined boundaries of the transportation corporation's service and/or franchise area?

Portion of project for which review is requested: _____

Design Engineer: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Saratoga County Sewer District #1 requires the applicant for plan review and the project's proponent to designate an agent to whom SCSD #1 shall direct all written, verbal and electronic communications to regarding the proposed project or sewer connection. **NOTE:** By naming such designated agent, the applicant and the project's proponent agree to be bound by all decisions communicated by said designated agent to SCSD #1 regarding the proposed project.

Designated Agent: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

NOTE: Any approval issued by SCSD #1 of the project's plans shall expire one year from the date of the issuance of said approval unless a written commitment to reserve capacity in SCSD #1's sewer system for the project's flow has been obtained from SCSD #1.

Applicant's Signature: _____

Applicant's Name: _____

(Please print)

Address: _____ Fax: _____

Phone: _____

E-Mail: _____

For Internal Use Only

REVIEW FEE UNITS: _____ FEE: \$25.00/UNIT TOTAL: _____

CHECK AMOUNT: _____ CHECK NO.: _____

SUBMISSION CHECK LIST

Engineers Report: _____ Construction Plans: _____

RECEIVED BY: _____ DATE: _____

For additional information call the Sewer District at (518) 664-7396