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: ______________________________________________________________________
Phone: ___________________________ Fax: ________________________________
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