

**SARATOGA COUNTY SEWER DISTRICT #1
CONSTRUCTION PERMIT APPLICATION**

Permit 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 of construction: _____

Address: _____

Town/City: _____

Phone: _____ Fax: _____

Description of Project: _____

For each phase of project or connection, state the projected design flows and discharge rates:

Phase 1: Projected Design Flow: _____ Projected Discharge Rate: _____

Phase 2: Projected Design Flow: _____ Projected Discharge Rate: _____

Phase 3: Projected Design Flow: _____ Projected Discharge Rate: _____

Phase 4: Projected Design Flow: _____ Projected Discharge Rate: _____

Total Projected Design Flow: _____ Total Projected Discharge Rate: _____

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: _____

Contractor: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Property Owner/Developer: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Design Engineer: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Saratoga County Sewer District #1 requires the applicant for construction permit 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: SCSD #1's permit to construct sanitary sewer facilities or connections shall expire one (1) year from the date of its execution by SCSD #1 and the permittee.

Applicant's Signature: _____

Applicant's Name: _____

(please print)

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

For Office Use Only: Engineering Certification Required Yes _____ No _____

Special Conditions Attached Yes _____ No _____

Fee: \$ _____ Days: _____ Date Paid: _____ Insp. Engr: _____

Check # _____

Insurance Certificate Approved Date: _____ Checked By: _____

Permit Administrator

Date of Issue

SPECIAL CONDITIONS: _____

