

**SARATOGA COUNTY SEWER DISTRICT #1  
GREASE TRAP 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

Description of Project: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Saratoga County Sewer District #1 requires the applicant for grease trap 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

**Applicant/Designated Agent:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

