



SARATOGA COUNTY SEWER DISTRICT #1
SEWER LATERAL PERMIT APPLICATION
Commercial

Date Applied: _____

FOR OFFICE USE ONLY:	
Permit Number: _____	Reviewed by: _____
NYSDEC Waiver Required? No <input type="checkbox"/> Yes <input type="checkbox"/>	

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

PLEASE CHECK ONE:

New Construction Existing Construction

PLEASE CHECK ONE:

Gravity Lateral (\$600) Outdoor Grinder Pump Lateral (\$600)
Indoor Grinder Pump Lateral (\$600) Lateral Repair (\$150)

PLEASE CHECK ONE:

Will Septic Tank be Abandoned? No Yes - City, Town or Village Permit #: _____

Property Owner's Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Contractor: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Work shall be in accordance with current Saratoga County Sewer District #1 (SCSD #1) Standards and Specifications. SCSD #1 requires the sewer lateral permit applicant and the project's contractor to designate an agent to whom SCSD #1 shall direct all written, verbal and electronic communications regarding the proposed project or sewer connection.

NOTE: By naming such designated agent, the applicant and the project's contractor agree to be bound by all decisions communicated by said designated agent to SCSD #1 regarding the proposed project. By signing below, the designated agent assumes the responsibility of complying with SCSD#1's Sewer Use Ordinance requirements and acknowledges that he/she/it could be subject to enforcement action thereunder if necessary. 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. **See page two (2) for additional requirements.**

Designated Agent: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Signature of Designated Agent: _____

Name of Designated Agent: _____

(Please print)

ADDITIONAL REQUIREMENTS: Call 518-664-7396 twenty-four (24) hours in advance to schedule inspection of sewer lateral installation. Approval for use will not be granted until a satisfactory inspection has been completed. Contractor is responsible for establishing flow and if applicable, completion of the grinder pump(s) start-up. The property owner will own and maintain the lateral up to the point of connection with SCSD #1 sewer main.

This permit does not convey legal access to any real property. Please be advised that local municipalities may have additional permitting requirements.

For contractor requirements and standard details please follow the link below:

<http://www.saratogacountyny.gov/departments/sewer-district-1/>

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:

