



# SARATOGA COUNTY SEWER DISTRICT #1 SEWER LATERAL PERMIT APPLICATION Residential

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:

Single Family Dwelling  Multi Family Dwelling

PLEASE CHECK ONE:

New Construction  Existing Construction

PLEASE CHECK ONE:

Gravity Lateral (\$300)  Outdoor Grinder Pump Lateral (\$500)   
 Indoor Grinder Pump Lateral (\$300)  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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_