



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.

**Mail complete permit application along with cash or check to, P.O. Box 550
 Mechanicville, NY 12118. Or submit your application and payment in person at, 1002
 Hudson River Road Mechanicville, NY 12118.**

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 <input type="checkbox"/> No <input type="checkbox"/>
Special Conditions Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fee: \$ _____	Days: _____
Date Paid: _____	Insp. Engr.: _____
Check # _____	
Insurance Certificate Approved date: _____	Checked By: _____

Permit Administrator	

Date of Issue	
SPECIAL CONDITIONS:	

