

**SARATOGA COUNTY SEWER DISTRICT #1
REQUEST TO RESERVE CAPACITY**

Project Number: _____ Permit Number: _____ Date: _____

Name of Project: _____

Project's Proponent: _____

Location of Project: _____

Tax Map Number of Project's Location: _____

Projected Design Flow: _____

Name of entity that will own sewer system through completion of construction:

Address: _____

Town/City: _____

Phone: _____ Fax: _____

Description of Project: _____

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:

Address: _____

Phone: _____ Fax: _____

If a private sewage transportation corporation will own the sewer system, is the project area to be serviced by the sewer system entirely within the defined boundaries of the service and/or franchise area of the transportation corporation as stated in it's Certificate of Incorporation and approved by the local municipality?

Yes No

If the preceding answer is "no", what portion of the project area is outside the defined boundaries of the transportation corporation's service and/or franchise area?

Portion of project for which capacity is requested: _____

Applicant/Property Owner: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Design Engineer: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Saratoga County Sewer District #1 requires the applicant for capacity reservation 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: Any commitment by SCSD #1 to reserve capacity in the District's system for the project's flows shall expire two (2) years from the date of SCSD #1's letter of commitment to NYSDEC.

Applicant's Signature: _____

Applicant's Name: _____ Date: _____

(Please print)

Address: _____

Phone: _____ Fax: _____

E-Mail: _____