



TOWN OF COLONIE
 DEPARTMENT OF PUBLIC WORKS
 DIVISION OF LATHAM WATER
 347 Old Niskayuna Road
 Latham, New York 12110



Peter G. Crummey
 Town Supervisor

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Daniel Seaver, P.E.
 Superintendent

Water Service Permit Application

Address of Work:		Date of Application:	
Building Department Case Number:			
	APPLICANT	OWNER	CONTRACTOR
		<input type="checkbox"/> Same as Applicant	<input type="checkbox"/> Same as Applicant
Name:			
Company:			
Address:			
Phone No.:			
Cell No.:			
E-mail:			

Type of Work (check all that apply):

Water Service Size: _____

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> New Water Service | <input type="checkbox"/> Demolition at main** |
| <input type="checkbox"/> Commercial* | <input type="checkbox"/> Existing Water Service | <input type="checkbox"/> Demolition at curb stop** |
| | <input type="checkbox"/> Modification | |

* Site Plan, Floor Plan, Plumbing Plan, Fire Protection Plan, Water Meter Detail, Backflow Prevention Detail, DOH-347 Application Form and Backflow Preventer Engineer's Report Required.

** Applicant for Demolition Permit must be the property owner.

Will construction occur in the Right-of-Way?

No Yes (Highway Permit Required)

By signing below, I attest that I am the owner of this property or that I am an agent authorized by the property owner to perform the work indicated on this application and that the information supplied on this application is true and accurate. I understand that all work must be performed in accordance with (a) Latham Water District Standard Specifications for Water Distribution Systems, (b) any plans or conditions approved by the Division of Latham Water and (c) good industry practices. Insurance as required by the Town of Colonie shall be maintained at all times during the term of this permit. All materials and workmanship associated with this project shall be warranted for one year after final approval by the Town. I do hereby indemnify, release and hold harmless the Town of Colonie from any and all claims, losses, costs and legal expenses incurred as a result of this work. I understand that it is my responsibility to arrange for inspection(s) with the Division of Latham Water and that no Certificate of Occupancy or Certificate of Completion shall be issued unless all work is inspected and approved.

Indicate how you would like to receive the permit:

- Email _____
 Fax _____
 Other _____

Applicant's Signature _____

For Latham Water District Use

- | | | |
|--|---------------------------------------|-----------------|
| <input type="checkbox"/> In District | <input type="checkbox"/> PRV Required | Comments: _____ |
| <input type="checkbox"/> Out of District | Meter Size: _____ | _____ |