



TOWN OF COLONIE
DPW / DIVISION OF PURE WATERS
SANITARY SEWER PERMIT APPLICATION

(518) 783-2766

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

Type of Work:

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> New Connection* | <input type="checkbox"/> Demolition | <input type="checkbox"/> Repair | <input type="checkbox"/> Addition * | <input type="checkbox"/> Relocation* |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | | |
| <input type="checkbox"/> New Building | <input type="checkbox"/> Existing Building | | | *(Site Plan Required) |

- Will construction occur in the Right-of-Way? No Yes (Highway Permit Required)
- Will/Does the building's lowest sanitary fixture / connection sit below the roadway elevation? No Yes (Backwater Valve 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) the requirements of Chapter 155 of the Code of the Town of Colonie, (b) any plans or conditions approved by the Division of Pure Waters 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 warrantied 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 with the Division of Pure Waters and that no Certificate of Occupancy or Certificate of Completion shall be issued unless all sanitary work is inspected and approved.

Applicant's Signature _____

For Pure Waters Office Use

Special Notes:

Y / N Grinder Pump	Y / N Grease Tanks	RM No.: _____	Comm. File No.: _____	WO <input type="checkbox"/> PVT Type: <input type="checkbox"/> INST
Parcel Size: _____ Acres	Sewer Frontage: _____ Feet	SBL: _____		
Bldg. Case: _____	PW Case: _____	SR: _____	WO: _____	