



**WASTEWATER SYSTEM
(SEPTIC)
PERMIT APPLICATION**

Building Department
323 Charlton Road
Ballston Spa, NY 12020
Phone: 518-490-2715
building@townofballstonny.gov

Office Use ONLY

Permit # _____ Permit Fees: _____

Date Received

ADDRESS OF SITE: _____

Tax Map ID: _____

Type: ☐ New ☐ Replacement ☐ Decommission

Applicant/Contractor Name: _____ Property Owner Name: _____

Applicant/Contractor Phone: _____ Property Owner Phone: _____

Applicant/Contractor Email: _____ Property Owner Email: _____

☐ Check if Applicant ☐ Check if Applicant

WATER SUPPLY: ☐ Municipal ☐ Well

FOR NEW OR REPLACEMENT SEPTIC SYSTEM:

Depth to Water Table and/or Impervious Soil: _____

Percolation Test Results (minutes per inch): _____

Number of bedrooms in dwelling _____ Garbage Disposal: ☐ Yes ☐ No

Size of Tank proposed (gallons) _____

Width of Trench: _____

No. of Laterals: _____ Length of Laterals: _____

Total Linear Feet: _____

NOTE: Pursuant to [Section 138-26](#), Code of the Town of Ballston, the expansion or replacement of septic systems shall be designed by a licensed design professional.

Please SUBMIT the following:

- ☐ 1) **TWO SETS OF PLANS DESIGNED BY A NYS LICENSED PROFESSIONAL**
- ☐ 2) **PLOT PLAN SHOWING PROPOSED SEPTIC SYSTEM LOCATION AND OTHER STRUCTURES**
- ☐ 3) **CONTRACTOR'S CERTIFICATES OF LIABILITY &**
- ☐ 4) **CONTRACTOR'S WORKMEN'S COMPENSATION INSURANCE OR HOMEOWNER'S AFFIDAVIT OF EXEMPTION FROM WORKMEN'S COMPENSATION AND PROOF OF HOMEOWNER'S INSURANCE**

Signature of Owner: _____ Date: _____

Signature of Contractor/Applicant: _____ Date: _____