Town of Day
Code Enforcement/Building Dept.
518-696-3789 ext. 0
codes@townofday.com

Permit Number _____
Issued _____
Expires _____

APPLICATION – SEPTIC INSTALLATION

Installation must be in compliance with "New York State Health Department Rules and Regulations" and the "Town of Day Zoning Ordinance".

******PLOT PLAN IS REQUIRED FOR SEPTIC INSTALLATION******
******MUST BE STAMPED, ENGINEERED PLANS******

GENERAL INFORMATION

Tax Map No. _____ Ownership: Private ____ Public ____
PDD/Subdivision Name _____
Variance No. _____ Site Plan No. _____

APPLICANT INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Ext. _____ Email Address _____

PROPERTY OWNER INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Ext. _____ Email Address _____
Liability/Home Owners Insurance Carrier _____ Policy# _____

DESIGN ENGINEER INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Phone # _____ Ext. _____ Email Address _____
Professional License Number _____ State _____

CONTRACTOR INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Phone # _____ Ext. _____ Email Address _____
****Attach Current Liability and Disability Insurance Binders****

SEPTIC SYSTEM INFORMATION

Type of System _____ Estimated Cost of System $ _____
Number of Bedrooms _____
Size of Tank _____ Type of Tank: Concrete _____ Plastic _____
Size of Distribution Box _____ Size of Holes _____ Size of Pipe _____
Type of Stone _____ Length of Laterals _____ Width of Trench
_____ Depth of Trench _____

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PERMIT NUMBER _____
ISSUED _____
EXPIRES _____

APPLICATION – SEPTIC INSTALLATION

PERK TEST RESULTS
Date _____
Tested By: _____

Test Results;

	Hole 1 Time(min)/Drop(inch)	Hole 2 Time/Drop
1st		
2nd		
3rd		
4th		
Min. per inch		

Type of Stone _____

Size of Holes _____

Length of Laterals _____

Size of Pipe _____

Number of Laterals _____
Width of Trench _____
Depth of Trench _____
Number of Bedrooms _____

AFFIDAVIT

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the New York State BUILDING CODE, the TOWN ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether or not, and that such work is authorized by the owner.

SIGNATURE _____ DATE _____

ACTION ON APPLICATION
APPLICATION GRANTED DATE _____ SIGNED _____
APPLICATION DENIED DATE _____ SIGNED _____
REASON FOR DENIAL _____