

TOWN OF LYONSDALE

Septic System Permit Application

ENFORCEMENT OFFICER:

Joseph Pfeiffer Jr.
P. O. Box 251
Boonville, N.Y. 13309
Phone (315) 942-5705 Cell 315-681-8689
Email inspectorjoep@aim.com

TOWN CLERK:

Lyonsdale Town Clerk
P.O. Box 144
Port Leyden, NY 13433
Phone (315) 348-8249

BUILDING PERMIT # BP _____ **FEE \$50.00** **DATE ISSUED:** _____

ISSUED TO: _____

CLASS OF WORK NEW _____ **ALTERATION** _____

ONCE THE PERMIT IS APPROVED:

- 1) Applicant may proceed with the construction.
- 2) Town inspector must inspect the system before it is covered.
- 3) If there is a violation of the code, the. Applicant will receive a Notice of Violation and shall remedy the situation. The inspector must conduct a re-inspection before the system is covered.
- 4) If the violation is not remedied, the applicant will receive a STOP WORK ORDER.
- 5) If the STOP WORK ORDER is ignored, the applicant and / or owner will receive an appearance ticket, reserving the Town any and all legal remedies.
- 6) PROJECT COMPLETED, CERTIFICATE OF COMPLIANCE IS ISSUED.

IF THE PERMIT IS DENIED:

- a) Applicant shall make necessary corrections.
- b) Applicant may resubmit the Building Permit Application.
- c) It shall be the responsibility of the owner, applicant or his agent to inform the inspector that the work is ready for inspection and to schedule such inspection, at least 24 hours in advance.
- d) Then a CERTIFICATE OF COMPLIANCE IS ISSUED.

TOWN OF LYONSDALE

Septic System Permit Application

Date _____

Tax Map # _____ Section _____ Block _____ Lot _____

Property Owner's Name _____ Phone _____

Mailing address _____

email address _____

Contractor Name _____ Phone _____

Mailing address _____

Engineer / Architect (circle one) Name _____ NYS License # _____

Mailing Address _____ Phone # _____

Project Address (911 address) _____

Value of Work (materials & labor) \$ _____ Is the project site in a Flood Zone (Yes / No)

Number of Bedrooms in the Building/Structure _____ Is the project site in a Wetland (Yes / No)

Number of Bedrooms Added to an Existing Building/Structure _____

To apply for a Septic Permit, you MUST provide this Application filled out completely, One (1) copy of a Plot Plan and Two (2) copies of the Engineered Design.

THIS PERMIT COVERS ONLY THE WORK DESCRIBED IN THIS APPLICATION.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. THIS PERMIT EXPIRES 1 YEAR FROM ISSUE DATE.

Signature of Applicant or Authorized Agent _____ Date _____

I, the undersigned, Code Enforcement Officer of the Town of Lyonsdale, hereby (approve) (deny) the within application for a septic system installation permit.

Date _____ Code Enforcement Officer _____

Use the space below or attach a separate sheet to show the location of the proposed building(s) in relation to all roads public or private, distance proposed building is from all bodies of water, the location of all wells and septic systems, existing and proposed, the distance between buildings and give the road name as well as the names of all adjacent landowners. Also show the lot width and depth, and show the distance of proposed building(s) to all property lines.

NOTE: GIVE THE DISTANCE OF ALL WELL AND SEPTIC SYSTEMS ON NEIGHBORING PROPERTIES TO YOUR PROPOSED WELL/SEPTIC IF CLOSER THAN 150FT.

PLOT DIAGRAM

NAME OF ADJACENT LAND OWNER _____		
YOUR PROPERTY LINES \		
OWNERS NAME LEFT SIDE	REAR LOT WIDTH _____	OWNERS NAME RIGHT SIDE
LOT DEPTH _____		
	FRONT LOT WIDTH _____	
		LOT DEPTH _____

ROAD NAME _____

THIS AREA REPRESENTS THE ROAD IN FRONT OF YOUR PROJECT, SHOW DRIVEWAY

STATEMENT OF WORKERS COMPENSATION

(HOMEOWNER)

Under penalty of perjury, I certify' that I am the owner of the residence listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please circle one):

- A) I am performing all the work for which this building permit is issued.
- B) I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which this building permit is issued or helping me perform such work.
- C) I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which this building permit is issued.

I understand that I will have to acquire Worker's Compensation if, I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on this building permit; OR have a general contractor, performing the work listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on this building permit.

Signature of Homeowner _____ Date Signed _____

Homeowners Name Printed _____

STATEMENT OF WORKERS COMPENSATION (CONTRACTOR)

Contractor's compensation insurance PROOF OF COMPENSATION OR EXEMPTION MUST ACCOMPANY THIS APPLICATION

ON LINE EXEMPTION FORMS CAN BE COMPLETED ON LINE AT

http://www.wcb.state.ny.us/content/ebiz/wc_db_exemptions/wc_db_exemptions.jsp

Request WC/DB Exemption (Form CE-200)

Signature of Contractor _____ Date Signed _____

Contractors Name Printed _____

STATEMENT OF ENVIRONMENTAL CONCERN (HOMEOWNER)

This Statement confirms that I have read and been made aware that the New York State Department of Environmental Conservation requires a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) be obtained for disturbance of property greater than one (1) acre; this is to include driveways, location of house and all outbuildings & pools.

For more information, you are strongly urged to contact the D.E.C. Bureau of Water Permits at 51 8402-8111 or online at www.dec.state.ny.us/website/dow/mainpage.htm

State imposed fines for a violation of this law can be a substantial \$37,500. per day.
If in doubt, call New York State Department of Environmental Conservation.

Signature of Homeowner _____ Date Signed _____

Homeowners Name Printed _____