

TOWN OF CORINTH
BUILDING DEPARTMENT
APPLICATION
SEPTIC INSTALLATION



PERMIT COST \$ _____
PERMIT NUMBER _____
ISSUED _____
EXPIRES _____

Installation to be in compliance with "New York State Health Department Rules and Regulations" and the "Town Of Corinth Zoning Ordinance"

1. GENERAL INFORMATION

Property Location _____
Property Owner _____
Owner Address _____
Telephone No. _____

2. APPLICANT

Name _____
Address _____
Telephone No. _____

3. CONTRACTOR

Name _____
Address _____
Telephone No. _____
Liability Carrier _____ Policy Number _____

4. DESIGN ENGINEER

Name _____ Position _____
Company Name _____
Address _____
Telephone No. _____
Professional License No. _____ State _____
Type Of System _____ Cost \$ _____

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PLOT PLAN

Locate clearly and distinctly all buildings, whether existing or proposed. Indicate distances of well, septic tank, distribution box and leach field. Indicate location of perk test holes.

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	_____	_____

SEPTIC SYSTEMS

Size Of Tank _____ gals.
 Type Of Tank Concrete _____ Plastic _____
 Size Of Distribution Box _____
 Size Of Holes _____
 Type Of Stone _____
 Length Of Laterals _____
 Size Of Pipe _____
 Type Of Pipe _____
 Number Of Laterals _____
 Width Of Trench _____
 Depth Of Trench _____
 Number Of Bedrooms _____

AFFADAVIT

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 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 _____