

***Please KEEP this page for your informational purposes
DO NOT submit with the application***

SEPTIC PERMIT

PLEASE READ ALL OF THE FOLLOWING INSTRUCTIONS

The work covered under this application may not be commenced before the issuance of a building permit.
This application must be completely filled out and submitted to the Code Enforcement Officer.

PERMIT LOCATION:

- Upon approval of this permit, the “permit poster” must be posted on site in a visible area assessable to the Code Enforcement Officer.
 - During the inspection points (shown on back of permit poster) the CEO will initial the inspection performed.

PERMIT LENGTH:

- This permit shall be effective for a period of one year from the date of issue. Upon request, two six month extensions may be given at a cost of \$75.00 per extension. However, if the permit expires then the “original full amount” must be paid.

AMENDMENTS DURING CONSTRUCTION:

- Amendments to the application or to the plans and specifications accompanying the same may be filed at any time prior to the completion of the work; subject to the approval of the Code Enforcement Officer.

Application shall be made by the owner, agent, architect, engineer, or builder employed in connection with the proposed work. If application is made by a person other than owner, it shall be accompanied by an affidavit of the owner that the application and proposed work is authorized by the owner and that the owner authorizes the applicant to permit the CEO to enter premises without a search warrant.

NOTE: IT IS THE RESPONSIBILITY OF THE OWNER OR CONTRACTOR TO CONTACT UNDERGROUND UTILITIES BEFORE ANY TYPE OF EXCAVATING. DIG SAFELY 1-800-962-7962

Requirements are per New York State Department of Health Waste Treatment Handbook – Individual household systems.

A deep hole and percolation test must be performed. This must be done by a “New York State registered Engineer, Architect, Land Surveyor or other approved individual. Below is a partial list of individuals providing this service.

- | | |
|---------------------------|----------|
| • RUSSELL GETMAN | 564-5790 |
| • BRENDAN McELLIGOTT | 426-0978 |
| • DOUG LEHR | 451-3333 |
| • RICHARD SCHOECK | 675-3690 |
| • ROBERT WOOD L.S. & P.E. | 342-0093 |
| • JOHN ERKAN, P.E. | 342-4852 |
| • PETE REILMAN | 685-1964 |
| • | |

Test results along with system design plans (Approved by the Oswego Co. Health Dept.) must be submitted before construction on the system begins. Final Inspection of the system must be done before the system is back-filled, by either the engineer who designed the system or the Building Inspector.



APPLICATION FOR BUILDING PERMIT SEPTIC SYSTEM

(This upper section for office use only)

DATE SUBMITTED: _____ PERMIT # _____

TAX MAP # _____

DATE APPROVED: _____ APPROVED BY: _____

DATE DENIED: _____ REASON: _____

FEE: \$ _____ ZONING DIST: _____

Non-Building Permit FEE: \$ _____

Application is hereby made to the Code Enforcement Officer for the issuance of a building permit pursuant to all applicable codes, ordinances, and laws regulating the government erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion and change in the nature of the occupancy of any building or structure within the boundaries of the Town of Volney, at the below listed location.

ADDRESS OF PROPERTY: _____

PROPERTY OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

NATURE OF WORK: New Septic Installation ☐ Repair ☐

DESCRIBE THE NATURE OF WORK CHECKED ABOVE:

You must submit a *stamped* letter of approval (from the Oswego County Health Department) of the septic design plans, including deep hole and perk test.

ESTIMATED VALUE OF ALL WORK, MATERIALS AND LABOR FOR PROPOSED PROJECT:

\$ _____

The below signed applicant has read the instructions for application for the building permit and the instructions contained therein, and to the best of his/her knowledge the information given and accompanying this application for a building permit is accurate and true. The applicant agrees to comply with all applicable laws, ordinances and regulations, that all statements contained on this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in plans and specification filed therewith.

PRINT NAME & DATE

SIGNATURE OF APPLICANT



CONTRACTOR INFORMATION FORM
(MUST BE FILLED OUT)

TYPE OF CONTRACTOR: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE #: _____

CONTACT PERSON: _____

PROOF OF WORKERS COMPENSATION CERTIFICATE: **MUST FAX OR BRING IN WITH APPLICATION**

PROOF OF LIABILITY POLICY: **MUST FAX OR BRING IN WITH APPLICATION**

POLICY EXPIRATION DATE: _____

INSTALLER'S LICENSE CERTIFICATE: _____

NAME OF ELECTRICAL CONTRACTOR: _____

NAME OF ELECTRICAL INSPECTION AGENCY: _____

NAME OF PLUMBING CONTRACTOR: _____

ALL SHEETS TO PACKET MUST BE "COMPLETED IN FULL" BEFORE PERMIT CAN BE ISSUED.

FAILURE TO DO SO MAY CAUSE A DELAY IN THE ISSUANCE OF THE PERMIT.

PLEASE MARK ON THE MAP
THE
LOCATION OF THE PROPERTY