

ACCOUNT#	

## GREENPORT TOWN WATER DEPARTMENT

## James Rutkey, Superintendent

600 Town Hall Drive Hudson, New York 12534 Phone 518-828-3400/ Fax 518-822-0657

## **Temporary SEWER Permit for Installation**

Appli	cant Name:	
Busin	ness Name:	
Maili	ng Address	
E-Ma	iil Address (please print)	
Busin		
Servi	ce Location:	
Parce	1 ID (SBL):	
Servi	ce Size, Type & Class of Pipe to be installed:	
This 7	ΓΕΜΡΟRARY permit is for a SEWER service installation at the location mentioned	d above.
The u	indersigned agrees to:	
1.	MAINTAIN SLOPE OF	
_	THAN 1/8 INCH PER FO	
2.	Provide a Sketch Diagram of as built work from "Y" connecting point to building serviced. Provide measurements from both corners of the building to connection main. Also provide depth of sewer line at connection.	
3.	Accept and abide by all provisions of the Sewer Code of the Town of Greenport a other pertinent ordinances or regulations that may be adopted in the future. (see T Section 100 or view on line at (http://ecode360.com/10608027)	
4.	To notify the Water/Wastewater Superintendent when ready for inspection. (828-3 No work is to be covered prior to inspection.	400)
5.	All work shall be performed in accordance with all applicable OSHA regulations a applicable ordinances and regulations.	and
<b>6</b> .	To provide <b>As-Built Plans</b> as part of this permit. Drawings must clearly show <u>sew</u> placement, measurements and easement area.	<u>ver line</u>
	placement, measurements and casement area.	
Date	Signed	_
	(Applicant)	

The SEWER Permit Hookup fee is \$500 per inch of Sewer line. The minimum is \$500 up to 1 inch.

Service Line Fee Amount: \$	Date Paid:	Check #	
	Page -2-		
Sewer Permit for Applicant			
Address			
Installed by: (contractor name/phone)			
SEWER PERMIT APPLICATION FOR			
	NAME		
ADDRESS			
Once As-Built Plans are provided and the signed below:	e inspection has been	made, the Permanent Sewer Permit wil	l be
Date:	Signed:		