

TOM LITTLE  
CODE ENFORCEMENT  
OFFICER -  
607-643-2446 -  
M-F, 1-5 PM

TOWN OF HARPERSFIELD  
25399 STATE HWY 23  
HARPERSFIELD, NY 13786  
607-652-5060 PHONE & FAX

DATE: \_\_\_\_\_  
#: \_\_\_\_\_  
FEE: \_\_\_\_\_  
APP/DISAPP \_\_\_\_\_

APPLICATION FOR SEPTIC PERMIT

PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_

STATE INTENDED USE OF SEPTIC SYSTEM - CHECK ONE:

RESIDENTIAL: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_ OTHER: \_\_\_\_\_  
# OF BEDROOMS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

NUMBER OF ACRES OF BUILDING LOT: \_\_\_\_\_

IS WATER SUPPLY INSTALLED ON PROPERTY? YES: \_\_\_\_\_ NO: \_\_\_\_\_

TYPE OF WATER SUPPLY - CHECK ONE:

WELL: \_\_\_\_\_ SPRING: \_\_\_\_\_ OTHER: \_\_\_\_\_

A PLOT PLAN INCLUDING ALL STRUCTURES AND/OR SEPTIC SYSTEM  
NEEDS TO BE INCLUDED.

I AGREE TO CONSTRUCT AND LOCATE MY SEWAGE DISPOSAL SYSTEM IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE NEW YORK STATE DEPARTMENT OF HEALTH AND ANY OTHER STATE OR LOCAL REGULATIONS GOVERNING THE INSTALLATION OF THESE SYSTEMS. I WILL CONTACT THE CODE ENFORCEMENT OFFICER WHEN THE APPROVED SYSTEM IS INSTALLED PRIOR TO BACK FILLING THE SYSTEM FOR A FINAL INSPECTION TO BE COMPLETED.

OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FEE FOR SEPTIC PERMIT: \$75.00 Check or Cash.