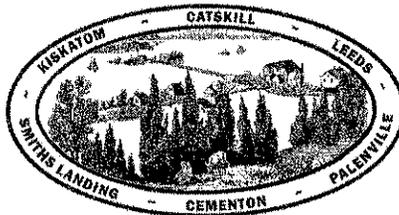


Town of Catskill

439 Main Street
Catskill, NY



Phone (518) 943-2381
FAX (518) 943-5251

Tax Map No. _____

Location _____

Project No. _____

Permit No. _____

Fee _____

Approved _____, 20 _____

Signature of Code Enforcement Officer

APPLICATION FOR SEPTIC PERMIT

Date _____, 20 _____

Applicant is: [] Owner [] Engineer [] Contractor [] Agent

Applicant: _____

Address: _____ Phone: _____

Owner: _____

Mailing _____

Address: _____ Phone: _____

Email: _____

Engineer: _____

Address: _____ Phone: _____

Contractor: _____

Address: _____ Phone: _____

Email: _____

1. Application is for the construction of a [] New System
[] Replacement of _____

2. Septic Tank: Size _____ gallons [] Concrete [] Polyethylene

3. Absorption Field: _____ # of Runs @ _____ feet each

4. The Code Enforcement Officer and designing Engineer both need to inspect the system prior to backfill. The following areas of the system must be left uncovered for inspection:

- Sewer line at structure
- Septic tank

- Inlet/Outlet pipes for septic tank
- D-box
- Absorption field end caps
- **A letter of compliance is required by the engineer before we can close the permit.**

5. Submit the required insurance forms with the application. See below for specific forms.

***** **INSURANCE REQUIREMENTS** *****

* If **applicant** is **Owner** of 1, 2, 3, or 4 Family Owner-occupied Residence:

Is owner performing all the work? Yes _____ No _____
 Is owner not compensating the individual performing the work? Yes _____ No _____
 Is the owner paying individuals a total of less than 40 hours a week? Yes _____ No _____

If **"YES"** to one of the above questions, we require: Copy of **homeowner's policy** and **Form BP-1**
 (This Form is available in the office and online)

If **"NO"** to all above questions, or applicant is **Business** or **General Contractor**, we require one of the following proofs of workers' compensation and disability insurance (either A, B or C):

A. Affidavit of Exemption:

Form CE-200 _____ (This Form needs to be completed online www.wcb.ny.gov)

"A helpful step by step instruction sheet is available upon request in the office"

B. Certificates of Workers' Compensation Insurance and Disability Benefits Insurance:

(Workers' Comp) Form C-105.2 _____ or *State Insurance Fund* Form U-26.3 _____

AND

(Disability) Form DB-120.1 _____

C. Self-insured or participating in authorized self-insurance plan:

Form SI-12 _____ or Form GSI-105.2 _____

AND

Form DB-155 _____

ACORD forms are NOT acceptable proof of NY State workers' compensation or disability insurance coverage!!!!!!!!!!!!

- The work covered by this application may not be commenced before the issuance of septic permit.
- All work shall be in accordance with Code of the Town of Catskill, Chapter 131 – Sewage Disposal Systems, Individual and the New York State Department of Health regulations.
- This application must be accompanied by a set of plans for the septic system which has been designed by a licensed design professional with New York State certification.
- Proof of workers compensation and disability insurance or proof of legal exemption is mandated by the State of New York Workers' Compensation Law § 57. **Septic Permit will NOT be issued until insurance requirements are met.**
- The Code Enforcement Officer and designing engineer must be notified prior to backfilling the system.

APPLICATION IS HEREBY MADE to the Code Enforcement Office for the issuance of a Septic Permit. The applicant agrees to comply with all applicable laws, ordinances and regulations.

 Signature of Applicant