



TOWN OF BOONVILLE

BOONVILLE, NEW YORK 13309

APPLICATION FOR AN ONSITE WASTEWATER TREATMENT SYSTEM PERMIT FOR RESIDENTIAL OR COMMERCIAL LOTS

1) **Project Location and Information** (Issued By Official Permit #: _____)
Number and Street Address: _____
Tax Map #: _____ Zoning District: _____ WPOD: _____ Flood Zone: _____
Lot Size (acreage or sq. feet) _____
Current use of the Property / Building: _____
Proposed use of the Property / Building: _____

2) **Owner Information**
Owner's Name: _____
Address of Owner: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work / Cell Phone: _____
e-mail _____

3) **NYS Registered Design Professional Seal/Stamped Plans By**
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work / Cell Phone: _____
e-mail _____

3) **Contractor**
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work / Cell Phone: _____
e-mail _____

Application is for:

- _____ **New System**
_____ **Modification and/or renovation of an existing system**
_____ **Replacement of an existing system**
_____ **New Tank Only**

Type of proposed system: (Design criteria must be provided and stamped by a Design Professional)

- _____ **Septic Tank with Leach Field** _____ **Holding Tank**
_____ **Alternative system**

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Water Supply: Well _____ Municipal Water _____ Other _____

Proximity of this property's well(s) to Distribution Box and absorption trenches, Min. req. 100 ft _____ ft
Well to Tank Min Required 50 Ft _____ Ft. Tank to dwelling Min Reg. 10' _____ ft, Distribution Box to dwelling Min. 20' Reg _____ ft
Proximity of neighbors' well(s) to proposed sewage system: Min. req. 100 ft _____ ft

Waterfront Lot: Yes _____ No _____
Proximity to High Water mark to proposed sewage systems _____ ft _____ ft _____ ft

Soil Condition: Sand _____ Clay _____ Rock _____
Other _____

PLANS BY: _____

TANK SIZE: _____ **Gallons** **PUMP TANK:** _____

TOTAL LENGTH OF ABSORPTION TRENCHES: _____ **FT.**

AMOUNT OF ABSORPTION TRENCHES: _____ **LENGTH OF EACH** _____

PERK TEST DATE: _____

RETURN COMPLETED APPLICATION WITH ENGINEERED PLANS TO:
TOWN OF BOONVILLE
13149 State Route 12
Boonville, NY 13309

Or
E-mail form and PDF Plans to: boonvillecodes@gmail.com

THE FEE FOR THE SEPTIC PERMIT IS \$50, MAKE CHECKS PAYABLE TO THE TOWN OF BOONVILLE

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Date Paid: _____ **Cash /Check #** _____ **Rec'd by:** _____

Approved or Denied _____ **Date** _____

Code Official can be reached at 315-338-2890, ext. 9 on Tuesday/Wednesday/Thursday, from 8AM until 12 Noon or E-mail: boonvillecodes@gmail.com