



City of Saratoga Springs

BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY - SARATOGA SPRINGS, NY 12866

PHONE 518-587-3550 X 2511

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APPLICATION FOR PRIVATE SEWAGE DISPOSAL SYSTEM INSTALLATION PERMIT

PROJECT SITE ADDRESS _____ ZONING DISTRICT _____

Application is hereby made for the issuance of a permit for the installation of a private sewage disposal system (including any part thereof) on a private property in the City of Saratoga Springs, pursuant to Chapter 231 and Chapter 240 of the Code of the City of Saratoga Springs. The owner, applicant and contractor agree to comply with all applicable NY State Health Department (Appendix 75-A) and local regulations and ordinances, all conditions expressed on this application and agree to arrange for authorized City inspectors to enter the premises for all required inspections. The following shall also apply:

1. **APPLICATION MUST BE FILLED OUT COMPLETELY INCLUDING SIGNATURES.** Detailed drawing(s) and description of the proposed sewage disposal system shall accompany this application. Plans shall bear the seal and signature of the New York State licensed professional.
2. A survey, as required for new construction, or a to-scale plot plan must accompany application and must show: (a) lot configuration and dimensions; (b) all buildings or structures on the lot and their distances to each other and to the lot lines; (c) location of and distance to any water systems/disposal systems, any existing and proposed wells, any waterways, ponds, etc., on this site or on contiguous sites; (d) location of all proposed silt fences and construction entrance. The silt fence and construction entrance must be installed and maintained in accordance with the NYS Standards and Specifications for Erosion and Sediment Control.
3. A permit fee of **\$165.00** for residential or **\$275.00** for commercial (check made payable to *Commissioner of Finance*), must accompany application.
4. Results of percolation tests and deep hole tests are required with licensed professional's stamp, as witnessed.
5. Construction of the proposed system shall not commence prior to permit issuance. Minimum 24-hour notice is required for all inspections. Any deviation from the approved plan(s) must be authorized by the licensed professional and the Building Department prior to inspection.
6. Inspection by the Building Department is required prior to any portion of the system being covered or backfilled.
7. In accordance with Section 231-15, the owner shall operate and maintain the private sewage disposal system in a sanitary manner at all times, at no expense to the City.
8. In accordance with Section 231-14, at such time as a public sewer becomes available to this property, a direct connection shall be made to the public sewer in compliance with applicable City codes, and this private sewage disposal system shall be abandoned and filled with suitable material, in accordance with generally accepted practices.
9. AS-BUILT DRAWING OF THE SYSTEM SHALL BE SUBMITTED TO THE BUILDING DEPARTMENT ONCE THE FINAL INSPECTION HAS PASSED, AND PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE PREMISES.
10. INSURANCE COVERAGE:
 - (a) *For general contractors acting in the capacity of a general contractor:* a Certificate of Insurance on an ACCORD form with Commercial General Liability Insurance of One Million Dollars (\$1,000,000) per occurrence aggregate naming the City of Saratoga Springs as an Additional Insured and Certificate Holder;
 - (b) *For homeowners acting as contractor:* homeowners insurance evidencing General Liability in the amount of Three Hundred Thousand Dollars (\$300,000)
 - (c) All applicants must provide proof of NYS Statutory Workers Compensation (form C105.2) and Disability Insurance (form DB120.1) or a waiver of same as determined by the NYS Workers Compensation Board (Homeowners – form BP-1; Contractors – form CE-200).

FOR STAFF USE ONLY:

FILE # _____	APPLICATION # _____
DATE/TIME APPLIED _____	PERMIT # _____
RECEIVED BY _____	DATE ISSUED _____

**APPLICATION INFORMATION
FOR
INSTALLATION OF PRIVATE SEWAGE DISPOSAL SYSTEM**

All information requested below must be completed along with all the required signatures.

Location Information

JOB SITE ADDRESS _____ TAX ID# _____
 SYSTEM COST \$ _____ NUMBER OF BEDROOMS _____
 GARBAGE DISPOSAL YES NO HOT TUB/SPA YES NO
 PUBLIC SEWER AVAILABLE YES NO DISTANCE TO SEWER _____ FT

PROPERTY OWNER

OWNER'S NAME _____ PHONE _____
 ADDRESS _____ EMAIL _____

 _____ OWNER'S SIGNATURE _____ DATE _____

APPLICANT INFORMATION

APPLICANT'S NAME _____ PHONE _____ FAX _____
 ADDRESS _____ EMAIL _____

 _____ APPLICANT'S SIGNATURE _____ DATE _____

CONTRACTOR INFORMATION

COMPANY NAME _____ PHONE _____ FAX _____
 ADDRESS _____ EMAIL _____

 _____ CONTRACTOR'S SIGNATURE _____ DATE _____

LICENSED PROFESSIONAL INFORMATION

COMPANY NAME _____ PHONE _____
 ADDRESS _____ FAX _____

 _____ EMAIL _____
 PROFESSIONAL'S NAME _____ NYS LICENSE # _____

OTHER PERMIT REQUIREMENTS (PROVIDE COPY OF ANY THAT APPLY)

BUILDING PERMIT YES NO D.E.C. PERMIT YES NO
 FLOOD HAZARD DEVELOPMENT PERMIT YES NO STATE HEALTH DEPT PERMIT YES NO
 SOIL DISTURBANCE ACTIVITY PERMIT YES NO OTHER _____ YES NO

WORK TYPE (CHECK APPLICABLE BOX)

RESIDENTIAL PREMISES: NEW SYSTEM REPAIR/REPLACEMENT/ENLARGEMENT OF EXISTING
 COMMERCIAL PREMISES: NEW SYSTEM REPAIR/REPLACEMENT/ENLARGEMENT OF EXISTING

OTHER (EXPLAIN): _____

HOLD HARMLESS:

The Individual filing this application, to the fullest extent provided by law, shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the performance of the work covered by this building permit application, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortuous act or negligent act or omission of Applicant, its contractor or its employees or anyone for whom the Contractor is legally liable or Subcontractors. _____ **initial**