

**TOWN OF COXSACKIE
APPLICATION FOR SEPTIC PERMIT**

56 Bailey Street
Coxsackie, NY 12051

Phone: 518/731-2727
Fax: 518/731-2720

Examined _____, 20____

Fee: \$75.00
Permit No: _____

Approved _____, 20____

Sewer & Subdivision Ordinance Inspector
Vincent Hales, 518/506-4156

Applicant is: Owner Engineer Contractor

Owner Name/ Address/Telephone: _____

Property address (if different): _____

Engineer Name/ Address/Telephone: _____

Contractor Name/ Address/Telephone: _____

1. Application is for the construction of a New System Replacement Relocation
2. Septic Tank: Size _____ Gallons _____ Concrete Polyethylene
3. Absorption Field: _____ # of Runs @ _____ feet each
4. # of bedrooms: _____ # of bathrooms: _____

Before any work is started you must contact the Sewer & Subdivision Ordinance Inspector, Vincent Hales at 518/506-4156

Engineered plans to be submitted at the time of application.

The Sanitary Inspector needs 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

Signature of Applicant

Date