

**TOWN OF CONSTANTIA SEPTIC SYSTEM PERMIT APPLICATION**

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

**ALL NEW SEPTIC SYSTEMS MUST BE ENGINEERED AND 4 SETS OF PLANS MUST BE SUBMITTED TO THE OSWEGO COUNTY HEALTH DEPARTMENT WITH (\$75.00) FEE**

This application **must be completely filled in by ink or typewriter** and submitted to the Town of Constantia Codes Office with required fees. **Fee to Town of Constantia is separate from all Oswego County Health Dept. fees.**

**THE WORK COVERED BY THIS APPLICATION MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF A PERMIT. THIS PERMIT COVERS ONLY THE WORK DESCRIBED IN THIS APPLICATION.**

Upon approval of the application, the Town of Constantia Code Enforcement Officer will issue a Septic System permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.

NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR ANY PURPOSE WHATEVER UNTIL AN APPLICATION IS MADE FOR, AND CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN GRANTED BY THE LEWIS COUNTY PLANNING DEPARTMENT.

**NOTE: If any item does not apply, write N/A (please do not leave it blank) incomplete applications will not be processed.**

PROJECT LOCATION (Street Name & Address): \_\_\_\_\_

CURRENT USE OF PROPERTY: \_\_\_\_\_

PURPOSED USE OF PROPERTY/BUILDING: \_\_\_\_\_

Tax Map No. Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**(Circle)** whether applicant is: OWNER, LESSEE, AGENT, ARCHITECT, ENGINEER, OR BUILDER

<i>Name and address of Applicant</i>	<i>Name and address of Landowner (If other than Applicant)</i>
_____	_____
_____	_____
_____	_____

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Total Estimated Value of Septic work \$ \_\_\_\_\_

Septic System for (check one) New Home Installation \_\_\_\_\_ Replacement system \_\_\_\_\_ Up date system from privy \_\_\_\_\_

Updating septic system due to additional bedrooms \_\_\_\_\_

TYPE OF SEPTIC TO BE INSTALLED (Stone & Pipe, Infiltrator, Etc.) \_\_\_\_\_

1. If project is business, commercial or mixed occupancy, specify nature and extent of each type of use  
\_\_\_\_\_
2. Dimensions of **existing structure**, if any: Front width \_\_\_\_\_ Rear Width \_\_\_\_\_ Length \_\_\_\_\_  
Height \_\_\_\_\_ Number of stories \_\_\_\_\_ Square footage \_\_\_\_\_
3. Dimensions of **entire new construction**: Front width \_\_\_\_\_ Rear Width \_\_\_\_\_ Length \_\_\_\_\_  
Height \_\_\_\_\_ Number of stories \_\_\_\_\_ New Sq. footage \_\_\_\_\_ Combined Sq. Ft. Total \_\_\_\_\_
4. Size of lot: Road frontage \_\_\_\_\_ Rear width \_\_\_\_\_ Depth \_\_\_\_\_ Total acres \_\_\_\_\_
5. Contractor's compensation insurance carrier \_\_\_\_\_ policy # \_\_\_\_\_
6. Name of Contractor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

**IF MORE THAN ONE CONTRACTOR ADD SEPARATE SHEET LISTING ALL CONTRACTORS**

7. Name of Architect or Engineer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ License number \_\_\_\_\_ State \_\_\_\_\_
8. If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer:  
\_\_\_\_\_  
\_\_\_\_\_

Give a brief description of all proposed septic work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OCCUPANCY (CHECK ALL THAT APPLY) septic to be connected to:**

- 101\_\_\_ One-family dwelling (R3)    434\_\_\_ Addition    322\_\_\_ Alterations    to a one-family dwelling (R3)  
 101\_\_\_ Two-family dwelling (R3)    434\_\_\_ Addition    322\_\_\_ Alterations    to two-family dwelling (R3)  
 101\_\_\_ Factory Manufactured Home (modular) (R3)  
 103\_\_\_ Three or more family multiple dwelling/permanent occupancy (R2)  
 104\_\_\_ Multiple dwelling/senior citizens housing (R4)  
 104\_\_\_ Multiple dwelling/adult residential care facility (R4)    214\_\_\_ Residential Garage/Storage (U)  
 213\_\_\_ Multiple dwelling/transient occupancy (R1)    438\_\_\_ Garage addition (U)

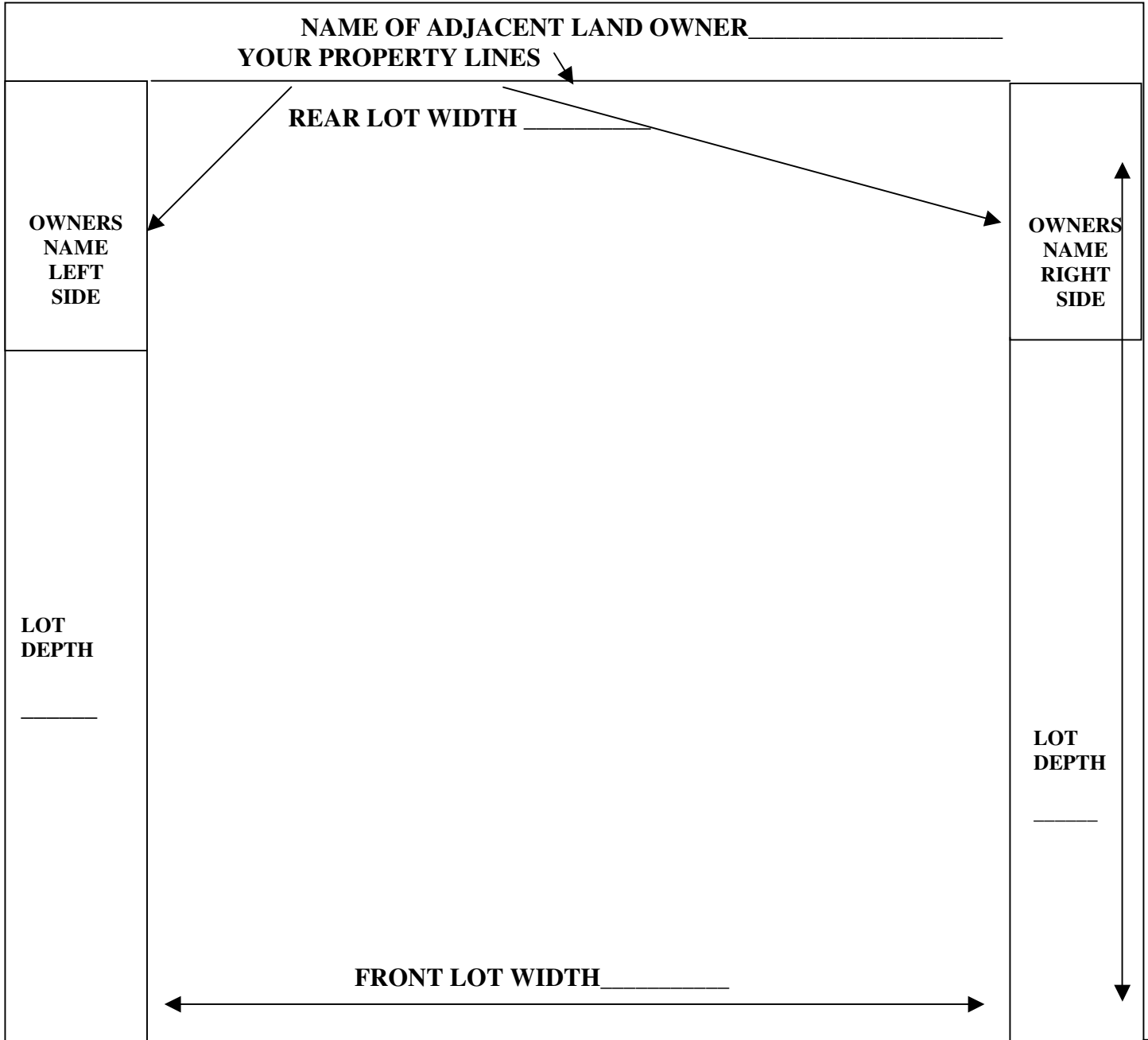
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- 324\_\_\_ Business (B)    327\_\_\_ Mercantile (M)    320\_\_\_ Industrial (F1, F2)    328\_\_\_ Storage (S1, S2)  
 \_\_\_\_\_ H1, H2 (Hazard)    318\_\_\_ Assembly (A1, A2, A3, A4, A5)    323\_\_\_ Institutional (I1, I2, I3, I4)  
 321\_\_\_ Miscellaneous (U)    437\_\_\_ Non Residential Miscellaneous/Addition

**Use the space below or attach a separate sheet to show the location of the proposed building(s) in relation to**

all roads public or private, distance proposed building is from all bodies of water, the location of all wells and septic systems, existing and proposed, the distance between buildings and give the road name as well as the names of all adjacent landowners. Also show the lot width and depth, and provide the distance of proposed project to all property lines.

**NOTE: GIVE THE DISTANCE OF ALL WELL AND SEPTIC SYSTEMS ON NEIGHBORING PROPERTIES TO YOUR PROPOSED WELL/SEPTIC IF CLOSER THAN 150FT.**

**PLOT DIAGRAM**



**ROAD NAME \_\_\_\_\_**

**THIS AREA REPRESENTS THE ROAD IN FRONT OF YOUR PROJECT, SHOW DRIVEWAY**

**IMPORTANT NOTICE**

**PLEASE READ BEFORE SIGNING**

- i. Work conducted pursuant to a building permit must be visually inspected by the Code enforcement Office and must conform to the New York state Uniform fire and Building Code, the Code of Ordinances of the **Town of Constantia**, and all other applicable codes, rules or regulations.
- ii. It is the Owner’s responsibility to contact the **Code Enforcement Officer at 315-623-9581 for an appointment 24 hours before the owner wishes to have an inspection conducted.** More than one inspection may be necessary. This is especially true for “internal work” which will eventually be covered from visual inspection by additional work (i.e. Electrical, insulation, etc to be covered by a wall covering.) **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH “INTERNAL WORK” HAS NOT BEEN INSPECTED. Failure to obtain inspections for the internal work may cause the covered inspection items to be uncovered at the owners or contractors expense to conduct the required inspections. Close coordination with the Code Enforcement Officer will greatly reduce this possibility.**
- iii. OWNER HERBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TI INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, **PROVIDED HOWEVER, THAT SUCH INSPECTION (S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK RELATED VIOLATIONS WHICH ARE READILY DISCERNABLE FROM SUCH INSPECTION (S).**
- iv. New York State law requires contractors to maintain Worker’s Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker’s Compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection services. If the contractor believes that they are exempt from the requirements to provide Worker’s Compensation and Disability Insurance, the contractor must complete form C-105.21, attached hereto.
- v. If a Certificate of Occupancy is required, the structure shall not be occupied until such certificate has been issued.
- vi. Work undertaken pursuant to this permit is conditioned upon and subject to any State and Federal regulations relating to Asbestos Material.
- vii. This permit does not include any privilege of encroachment in, over, under, or upon any Town street or Right of Way.
- viii. The Building Permit Card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

**I, \_\_\_\_\_, the above named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under penalty of perjury that all statements made by me on this application are true.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

ALL CONSTRUCTION SHALL CONFORM TO THE CODE OF ORDINANCES OF THE **TOWN OF CONSTANTIA** AND SANITARY CODES AND THE CODES OF NEW YORK STATE  
Building Code of New York State, Plumbing Code of New York State, Fire Code of New York State  
Energy Conservation Construction Code of New York State  
Property Maintenance Code of New York State, Mechanical Code of New York State  
Fuel Gas Code of New York State - Residential Code of New York State

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**OFFICIAL USE ONLY**

I, the undersigned, Code Enforcement Officer of the town of Constantia, hereby (approve) (deny) the within application for building permit.

Date \_\_\_\_\_ Town of Constantia Code Enforcement Office \_\_\_\_\_

Special approval required by \_\_\_\_\_ Board of Appeals, \_\_\_\_\_ Planning Board prior to issuance of Building permit.

Special Approval granted by \_\_\_\_\_ Board of Appeals, \_\_\_\_\_ Planning Board

Date of Special Approval : \_\_\_\_\_ Board of Appeals, \_\_\_\_\_ Planning Board