

# APPLICATION

FOR "PERMIT TO CONSTRUCT" INDIVIDUAL SEWAGE TREATMENT SYSTEM

RENSELAER COUNTY DEPARTMENT OF HEALTH  
1600 7<sup>TH</sup> AVENUE, TROY, NEW YORK 12180

APPLICANT: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NUMBER BEDROOMS \_\_\_\_\_ PHONE: H \_\_\_\_\_ W \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_ TOWN: \_\_\_\_\_

STREET/ROAD OF PROPOSED SITE: \_\_\_\_\_

SUBDIVISION NAME: \_\_\_\_\_ LOT# \_\_\_\_\_

WATER SUPPLY: ( ) WELL ( ) PUBLIC ( ) EXISTING ( ) PROPOSED

I, \_\_\_\_\_, APPLICANT, AUTHORIZE THE FOLLOWING DESIGN PROFESSIONAL  
TO BE THE ENGINEER/ARCHITECT OF RECORD ON THIS PROJECT:

DESIGN PROFESSIONAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
SIGNATURE

PROFESSIONAL ENGINEER: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
SIGNATURE

## FEE SCHEDULE

### Application Fee

New/Expansion (\$300.00) \_\_\_\_\_

Replacement (\$200.00) \_\_\_\_\_

### Permit Fee

New \_\_\_\_\_  
(\$75.00 for conventional system or \$150 for fill systems)

Renewal (\$50.00) \_\_\_\_\_

**ALL FEES ARE NON-REFUNDABLE**