

VILLAGE OF BLOOMINGBURG
13 NORTH ROAD
POST OFFICE BOX 341
BLOOMINGBURG, NEW YORK 12721

OFFICE: (845) 733-1400

FAX: (845) 733-1741

APPLICATION FOR WELL DRILLING PERMIT

Date: _____

Permit Number: _____

NAME OF APPLICANT: _____

1. Name of owner of premises: _____

If applicant is a corporation, the signature of duly authorized officer.

2. Physical address of land on which proposed work will be done: _____

Bloomington, NY 12721

Tax Map location: Section: ____ Block: ____ Lot: ____

3. Nature of work (check which is applicable and brief description of what):

DRILLING NEW WELL: ____ Pump Replacement: ____ Re-Drilling of Existing Well: ____

Briefly describe what type of work: _____

4. Well Permit Fee: \$50.00 (to be paid on filing of application)

5. Property information

Zone or use district in which premises are situated: _____

Existing use and occupancy: _____

Intended use and occupancy: _____

6. Name of Well Driller: _____ Phone No. _____

Address: _____

Compensation Insurance in effect: _____

Date of expiration: _____

Well Driller Registration # _____

7. Name of Plumber/Pump Installer: _____ Phone No. _____

Address: _____

Compensation Insurance in effect: _____

Date of expiration: _____

X _____

Date _____

Signature of Applicant Applying for Permit