

Billing: (845) 583-4350 ext 107
Billing Fax: (845) 583-0225

Kauneonga Lake Sewer District
P.O. Box 340
Kauneonga Lake, NY 12749

Sewer Plant
Phone/Fax: (845) 583-4356

Sewer Connection Application and Permit

For Office Use Only:

Application Fee: \$ _____ Date Paid: _____ Cash: _____ Check No.: _____

Section _____ Block _____ Lot _____

The applicant hereby applies for a permit to make sewer connection for the property located at:

(physical address of property to be connected)

and agrees to comply with all applicable ordinances, local laws, rules and regulations.

All connections must meet the regulation contained in the Town of Bethel Code Chapter 257 and must be inspected by the Town before backfilling or the connections will be in violation.

Owner's Name: _____

Mailing Address: _____

Phone: _____

Contractor's Name: _____

Address: _____

Phone: _____

Dated: _____

Applicant's Signature

Dated: _____

Permit Approved: _____

Sewer Superintendent

Permit is hereby granted for making public sewer connection in accordance with above application.

For Office Use Only:

Units: _____ Seasonal: _____ Year-Round: _____ Quarterly Billing Charge: \$ _____