



# **OTSEGO COUNTY CODE ENFORCEMENT**

Mailing Address: 197 Main Street, Cooperstown, New York 13326  
(607) 547-4214 FAX (607) 547-7597  
[https://www.otsegocounty.com/departments/code\\_enforcement/index.php](https://www.otsegocounty.com/departments/code_enforcement/index.php)

## **SEPTIC PERMIT APPLICATION**

**\*\*All application fees are non-refundable\*\***

1. 911 Address: \_\_\_\_\_ Property Tax #: \_\_\_\_\_

2. Town/Village for Proposed work: \_\_\_\_\_

3. Owner(s) Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Contractor Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Design Professional: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Please check type of installation:  
 New Septic System     Replace Septic System     Tank Replace Only

7. Number of Bedrooms: \_\_\_\_\_

8. Type of Septic Tank:     Concrete     Steel     Fiberglass

9. Size of Septic Tank: \_\_\_\_\_

10. Type of Absorption Field:     Leach Field     Leach Bed     Drywell

11. Distance to nearest well: \_\_\_\_\_ Nearest body of water \_\_\_\_\_

12. Other proposed work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach copy of percolation and deep hole tests and drawings and specifications from licensed design professional.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_