



**Town of Corinth**  
Building Dept  
600 Palmer Ave  
Corinth NY, 12822  
**Septic Permit Application**

Permit # \_\_\_\_\_  
Issued Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "TOWN OF CORINTH ORDINANCE".

Installation must be in compliance with "New York State Health Department Rules and Regulations" and the "Town of Corinth Zoning Ordinance".

**\*\*\*PLOT PLAN IS REQUIRED FOR SEPTIC INSTALLATION\*\*\*  
\*\*\*MUST BE STAMPED, ENGINEERED PLANS\*\*\***

**GENERAL INFORMATION**

Tax Map No. \_\_\_\_\_ Ownership: Private \_\_\_\_ Public \_\_\_\_

Property Address \_\_\_\_\_

PDD/Subdivision Name \_\_\_\_\_

Variance No. \_\_\_\_\_ Site Plan No. \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_

Liability/Home Owners Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

**DESIGN ENGINEER INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_

Professional License Number \_\_\_\_\_ State \_\_\_\_\_



**Town of Corinth**  
 Building Dept  
 600 Palmer Ave  
 Corinth NY, 12822  
**Septic Permit Application**

Permit # \_\_\_\_\_  
 Issued Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

**CONTRACTOR INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_  
**\*\* Attach Current Liability and Disability Insurance Binders\*\***

**SEPTIC SYSTEM INFORMATION**

Type of System \_\_\_\_\_ *Estimated Cost of System \$* \_\_\_\_\_  
 Number of Bedrooms \_\_\_\_\_  
 Size of Tank \_\_\_\_\_ Type of Tank: Concrete \_\_\_\_\_ Plastic \_\_\_\_\_  
 Size of Distribution Box \_\_\_\_\_ Size of Holes \_\_\_\_\_ Size of Pipe \_\_\_\_\_  
 Type of Stone \_\_\_\_\_ Length of Laterals \_\_\_\_\_  
 Width of Trench \_\_\_\_\_ Depth of Trench \_\_\_\_\_

**PERK TEST RESULTS**

Date \_\_\_\_\_ Tested By: \_\_\_\_\_  
 Test Results: \_\_\_\_\_

Minutes per inch \_\_\_\_\_

**Time drop** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

**AFFIDAVIT**

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the New York State BUILDING CODE, the TOWN ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether or not, and that such work is authorized by the owner.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ACTION ON APPLICATION**

APPLICATION GRANTED DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
 APPLICATION DENIED DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
 REASON FOR DENIAL \_\_\_\_\_