TOWN OF CORINTH
BUILDING DEPARTMENT
APPLICATION
SEPTIC INSTALLATION

PERMIT NUMBER _____
ISSUED   _____
EXPIRES   _____

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 _____
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 _____

CONTRACTOR INFORMATION
Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Phone #_____ Ext. _____ Email Address _____
<mark>**Attach Current Liability and Disability Insurance Binders**</mark>

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 _____

TOWN OF CORINTH
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PERMIT NUMBER _____
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PERK TEST RESULTS
Date _____
Tested By: _____

Test Results;   Size of Holes   _____
Hole 1   Hole 2
              Type of Stone   _____
    Time(min)/Drop(inch)   Time/Drop   Length of Laterals   _____

    _____   Size of Pipe   _____

    _____
1st _____   _____   Number of Laterals   _____
2nd _____   _____   Width of Trench   _____
3rd _____   _____   Depth of Trench   _____
4th _____   _____   Number of Bedrooms   _____
Min. per inch _____   _____

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 _____
_____
_____