TOWN OF FALLSBURG
CODE ENFORCEMENT OFFICE
5250 Main Street
S. FALLSBURG, NY 12779

SEPTIC PERMIT APPLICATION

Permit No.: _____ Date: _____

Property Owner: _____

Address: _____

Telephone Number: _____

Location of Property: _____

Tax Map Number: _____

Professional Engineer Designing System: _____

Address: _____

Telephone #: _____

Septic Installation to be Done By: _____

Address: _____

Telephone #: _____

Name of Compensation and Disability Insurance in Effect:

_____

Description of Proposed Work:

[ ] Replacement of Total System - $50.00 Fee

[ ] Repair or Partial Replacement - $20.00 Fee

This permit will be granted upon the basis of the information contained in the application.

This application must be accompanied by a site plan indicating the location of the system to be repaired or replaced. If there will be replacement of the septic tank, the number of bedrooms in the house should be indicated here: _____ and the type and size of the tank indicated here: _____.

_____ Estimated Cost Application Fee: _____

Signature of Property Owner: _____

Permit Granted: _____

By: _____
Building Inspector

THE SEPTIC SYSTEM AND FIELD MAY NOT BE COVERED BEFORE BEING INSPECTED BY THIS DEPARTMENT. THOSE COVERED MUST BE UNCOVERED FOR INSPECTION.