Property Owner

Mailing Address

City       , NY Zip       Phone (     )     -

Project Address

[ ]  New System or [ ]  Repairs to Existing System

Setbacks: Front       Rear       Right side       Left side

Materials & Labor Costs Estimate $       Work start date   /    /

 Estimated end date   /    /

Septic system installation/repair permit fee: $40.00 (Cash or check payable to the *Town of Canadice*) District

Contractor

Address

City       , St    Zip       Phone (     )     -

Workers Compensation Insurance [ ]  Yes**\*** [ ]  Not required [ ]  CE-200 form attached\*

Liability Insurance Certificate [ ]  Yes**\*** [ ]  Not required

 **\*** *Current* certificates must be on file with the Town of Canadice.

Plans by

Address

City       , St    Zip       Phone (     )     -

The undersigned represents and agrees as condition to the issuance of this permit that said Septic System shall be constructed in accordance with all laws and ordinances of the Town and the State of New York Uniform Fire and Safety Prevention and all other applicable laws, codes, and regulations.

**Owner / Agent Signature Date / /**

**OFFICIAL USE ONLY**

Code Enforcement Officer Date / /

Town Clerk Date / /

Fee Paid $ Permit # Plans approved by

 Approved Not approved Tax Map ID No. - -