TOWN OF WARWICK
SEPTIC PERMIT APPLICATION

FEE:
TANK (ONLY) REPLACEMENT/LINE REPAIR - $100
NEW/UPGRADE OR SYSTEM REPAIR - $475
NEW SYSTEM (with Planning Board approval granted) - $200

Application is hereby made to the Building Department for the issuance of a Septic Permit pursuant to the Code of the Town of Warwick, for the construction of a private waste water system on a lot that does not have an approved system or for the repair or reconstruction of an existing septic system. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Date_____

SITE DATA:

Street Location:_____Section – Block – Lot:____–____–____

Project Description:_____

Total # of Bedrooms:_____ Size of existing tank:_____ Size of proposed tank:_____

SEPTIC SITE PLAN SUBMISSION CHECK LIST:

_____ 1. Survey or Map showing location of work being done with setbacks & detailed description.
_____ 2. Insurance provided or Waiver form.
_____ 3. Notarize Application.
_____ 4. FOR NEW OR UPGRADED SYSTEMS: Three copies of Site plan, Percolation and Deep Test Pit results & appropriate details to be reviewed by Town Engineer.

OWNER:

Name:_____

Mailing address:_____

City:_____State:_____Zip:_____

Phone:_____

Email:_____

Homeowner will receive original copy. If applicant would like a copy, please let the Building Department know.

ENGINEER:

Name:_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____

Email: _____

CONTRACTOR:

Name:_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____

INSURANCE (check one): (*MUST* be provided if having a builder do any work on your property)

☐ Builder / Contractor / Developer - New York State Insurance Certificate (*Workers Compensation*)
(U-26.3 or C-105.1 are the ONLY FORMS ACCEPTED! – ACORD FORMS ARE NOT VALID PROOF!)
Town of Warwick must be listed as certificate holder.
☐ CE-200 Form: Certificate of Attestation of Exemption. To be filled out on www.wcb.state.ny.us website.
☐ WC/DB BP-1 certificate: Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance.

AUTHORIZATION:

State of New York,
County of _____ , _____ being duly sworn deposes and says he/she is the owner and is duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

this _____ day of_____

Notary Public:_____

Owner Signature:_____

Print Name: _____

Owner waiver letter (needed if not the home owner)

Stamp:

FOR TOWN USE ONLY

Fee Paid:_____ Check #:_____ Cash Application #: _____

Comments: _____