

TOWN OF TICONDEROGA

132 Montcalm St., P.O. Box 471, Ticonderoga, NY 12883 ■ Phone: (518) 585-6265 ■

Water & Sewer Connection Application

Permit Process:

- **Permit application for Water and/or Sewer Connection is to be completed and submitted to the Water/Sewer Clerk**
- Submit with this application all Town Highway, County or State permits to work in right of way if required, a site plan showing location and type of all piping and connections to be used, and for all commercial and industrial sewer users, submit a detailed analysis of all expected effluent to be discharged to the Town's system. The Town reserves the right to request any additional information that it in its sole discretion determines necessary for review of this application.
- All connections shall meet Water and Sewer Requirements.

Inspection Process:

- All connections will be approved by the Town of Ticonderoga Water and Sewer Department prior to backfilling.
- In addition, any required inspections that are by-passed may require re-excavation of the area so that a proper inspection can be performed.

Questions:

- If any questions, please feel free to contact Town of Ticonderoga Water and Sewer Department at 518-585-6144 or 518-585-7855.

Fees:

Water service Permit: \$____.00	Sewer Service Permit: \$____.00
Water Service Tap Fees: 1. Same side of street tap \$____.00 2. Opposite side of street tap \$____.00 3. Out of District Connection \$____.00 4. Road Cut	1. Gravity Same side of street tap \$____.00 2. Gravity Opposite side of street tap \$____.00 3. Force Main Same side of street tap \$____.00 4. Force Main Opposite side of street tap \$____.00 5. Change of Use \$____.00 6. Out of District Connection \$____.00 7. Road Cut

Applicant(s) Information:		
Name of Applicant:		
Name of Co-Applicant:		
Date of birth(s): Applicant: _____	Home Phone:	Cell Phone:
Co-Applicant:		
Property Address:		
City:	State:	Zip Code:
Tax Parcel #:		
Mailing Address: (If Different –Where bills will be mailed to)		
City:	State:	ZIP Code:
<input type="checkbox"/> Single Family Residential	How Long have you owned?	E-mail Address:
<input type="checkbox"/> Multiple Dwelling (units) _____	Is there an existing water supply?	Is there existing sewer connection /septic?
<input type="checkbox"/> Commercial	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____

<input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____	Is this a new build? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	Other Information: _____ _____ _____
--	---	--

Dwelling Distance from Road _____ FT.	Insurance Carrier: _____ Policy #: _____	
---------------------------------------	---	--

Water Connection:

Proposed Lateral Size & Pipe Type: _____

If existing structure, what is current water service? _____

Is this a replacement of an existing water service? _____ If so, what is the reason or problem with existing service? _____

Water meter needed? _____

Water Tap (same side, opposite side, tap or existing) _____

Sewer Connection:

Connect to public sewer? ☐ Yes ☐ No Force Main ____ or Gravity ____? (Check One)

Proposed Lateral Size & Pipe Type: _____

Contractor Information (If Any)

Name: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Office Phone: _____

Fax: _____

E-mail: _____

Contractor Insurance Certificates: Liability and Workers Compensation (must accompany application)

Reason for Connection Information (check all/any that apply)

☐ New Construction

☐ Remodeling

☐ Detached Addition

☐ Attached Addition

☐ Demolition

☐ First Time Connection

☐ Fire Protection Required

☐ Other

I have read and understood the information contained in this application and it is true to the best of my knowledge. Applicant agrees to the conditions set forth in the Town of Ticonderoga Local Laws. By signing below, Applicant permits agents and representatives of the Town of Ticonderoga to enter the property for purposes of inspection and verification of plans and specifications and compliance with same. Applicant represents and warrants to the Town of Ticonderoga that the plans and specifications submitted with this application are true and correct in all respects and that no other connections to water and sewer exist for the property that is the subject of this application. Applicant agrees to pay for any engineering or legal review fees incurred by Town for this application. Any fees for any engineering review requested by the Water and Sewer Department must be paid prior to issuance of any permit.

Signature of applicant: _____

Date: _____

Signature of co-applicant: _____

Date: _____

To Be Completed by Town Official Only

Fees: _____

Paid: ☐ Yes ☐ No

Total Amount of Fees: _____

JOINT PERMIT APPLICATION
for

- a) Water Service Installation
- b) Sewer Lateral Installation
- c) Town Road Cut

Tapping permit, materials and labor must be paid in advance before any work is started. If a sleeve drive is required by the Town, County or State the homeowner is responsible to contact a contractor and pay all costs to the contractor. Once work is completed by the contractor/homeowner, the Water Department will inspect for cross connection to insure contaminants do not enter the Town water supply.

PROPERTY OWNER: _____
Full Name

Address

Phone Number and Email Address

TYPE OF ACTION (Indicate all which apply)

- a) Water Service _____
- b) Sewer Lateral _____
- c) Town Road Cut _____

PROPOSED DATE OF WORK: _____
Month Day Year

LOCATION OF WORK: _____

DESCRIPTION OF WORK: _____

CONTRACTOR INFORMATION: _____
Name

Address

Phone Number and Email Address

CERTIFICATION – I have read and understand the Town standards for the work proposed.

Contractor's Signature Date

Print Name

AUTHORITY FOR WORK

* NOTE: All Department Superintendents must sign application.

Ticonderoga Water/Wastewater Superintendent Signature Date

Print Name

Ticonderoga Highway Superintendent Signature: Date

Print Name

PERMIT FEE:

Water Fee: _____

Wastewater Fee: _____

Highway Fee: _____

TOTAL FEE: _____

PAYMENT RECEIVED: ____ Yes ____ No Date Received: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____
 Not Hispanic or Latino _____

Race: Mark all that apply
White _____
Black or African American _____
American Indian / Alaska Native _____
Asian _____
Native Hawaiian or Other Pacific Islander _____

Gender: _____ Male _____ Female

Please provide verification, within 30 days, that you have implemented these changes so that we can determine that the Town is in compliance with the requirements of the Civil Rights Laws covering the Community Programs recipients.