



# VILLAGE OF EAST HILLS

INCORPORATED JUNE 24, 1931

209 Harbor Hill Road, East Hills, New York 11576  
Telephone (516) 621-5600 • Fax (516) 625-8736

## APPLICATION FOR CESSPOOL/DRYWELL PERMIT

**Project Location:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_ **Zone:** \_\_\_\_\_

1. **Cesspool:** Septic Tank W: \_\_\_\_\_ feet x H: \_\_\_\_\_ feet, Capacity: \_\_\_\_\_ gallons  
Leaching Pool W: \_\_\_\_\_ feet x H: \_\_\_\_\_ feet

Comments: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ Depth of Pipe: \_\_\_\_\_ Size of Pipe: \_\_\_\_\_ Vertical ht. of Chimney (4' max): \_\_\_\_\_

2. <b>Drywells:</b>	#1 W: _____ feet x H: _____ feet	#4 W: _____ feet x H: _____ feet
	#2 W: _____ feet x H: _____ feet	#5 W: _____ feet x H: _____ feet
	#3 W: _____ feet x H: _____ feet	#6 W: _____ feet x H: _____ feet

3. **Total** number of structures (Cesspool AND Drywells) to be installed: \_\_\_\_\_

4. **Owner(s):** \_\_\_\_\_

*If owner is a corporation or association, state name of officer authorized to make this application:* \_\_\_\_\_

Phone #: \_\_\_\_\_ Email(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

5. **Contractor (Company Name):** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**STATE OF NEW YORK, COUNTY OF NASSAU, ss.:** I state that I am the property owner or one of the property owners of the subject property, and I certify that the information provided on the application is accurate and the statements are true to the best of my knowledge and belief. I understand and agree that these statements are being relied upon by a municipality; that false statements are perjurious and may result in criminal prosecution; and/or a fine of \$10,000. If there is more than one property owner, I further certify that I am authorized to act on behalf of all owners with respect to the submission of this application, and that they have been informed of all information included in this application as well as its terms and conditions. In submitting this application, I authorize any agents listed on this application to act on my behalf. I grant permission for Building Department Officials and other agents of the Village to enter onto the property for the purpose of performing any necessary inspections, without prior notice. I agree to comply with all rules and regulations of the Zoning and Building Code, deed restrictions, with every other provision of the law of the Village of East Hills and the Uniform Code of the State of New York.

Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Notary Public, Nassau County, New York

### **\*\*A Utility Mark Out MUST be Completed Before Starting Work\*\***

**Application Checklist:**

- Accurate Site Plan or Survey – Include locations, dimensions, utilities & all applicable clearances
- Contractor's Nassau County Consumer Affairs License
- Contractor's Liability, Disability and Workers' Compensation Insurance Certificates Listing 'The Village of East Hills' as Certificate Holder and as Additionally Insured
- Permit Fee: \$150 per structure (cash or check made out to the 'Village of East Hills')

**FOR BUILDING DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

**Permit #** \_\_\_\_\_

Associated Building Permit #: \_\_\_\_\_

**Application Fee \$** \_\_\_\_\_