

APPLICATION FOR CESSPOOL/DRYWELL PERMIT

Pro	oject Locatio	on:									
					Zone:						
1.	Cesspool:	Septic Tank	W:	feet x	depth:	feet,	Capacity:	gallons			
		Leaching Pool	W:	feet x	depth:	feet					
		Comments:									
		# of Bedrooms: Depth of Pipe: Size of Pipe: Vertical ht. of Chimney (4' max):									
		IA OWTS Treatment Unit: (Required for new houses & substantially improved structures)									
		Make:					, .				
		Rated Daily Treatment Capacity:									
		Leaching Pool	W:	feet x	depth:	feet	Manufacturer	·:			
		Leaching Pool	W:	feet x	depth:	feet	Manufacturer:				
		Approved F	esign Profe	ssional·							
		• •	0								
2.	Drywells:	#1 W:	feet x	depth:	feet	#4	W: feet	x depth:	feet		
		#2 W:	feet x	depth:	feet	#5	W: feet	x depth:	feet		
		#3 W:	feet x	depth:	feet	#6	W: feet	x depth:	feet		
				•		J L		·			
3.		tal number of structures (Cesspools, Leaching Pools, AND Drywells) to be installed:									
4.	•	existing sanitary system(s) be removed or filled? Yes No									
5.				izad ta mak	o this application:						
	If owner is a corporation or association, state name of officer authorized Phone #: Email(s):										
		ddress:									
6. Architect/Engineer:											
	Phone #: _			Er	nail:						
Address:											
7.		• •				Contact Name:					
		ounty Home Impr									
	1403000	ounty Frome impi	overnent En	ecrise #							
FOF	R BUILDING DE	PARTMENT USE ONLY									
	IA System										
	Structure Aba	andoned			Application Fee S						
Ass	sociated Build	ding Permit #:					Permit Fee 9 Receipt #				
							<u> </u>				
Pe	rmit No						Date	e Issued:			

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☐ For all IA Systems, provide capacity calculations

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Project Location:				
Section:	Block:	Lot(s):	Zone:	
STATE OF NEW YORK,	COUNTY OF NASS	AU, ss.: I state that I	am the property owner	r or one of the property owners of the
my knowledge and beli statements are perjuriou owner, I further certify t they have been informe application, I authorize Officials and other ager	ef. I understand and us and may result in or that I am authorized and of all information in any agents listed on the Village to ecomply with all rules	agree that these states criminal prosecution; to act on behalf of all ncluded in this application to ac this application to ac nter onto the property and regulations of the	ments are being relied and/or a fine of \$10,00 owners with respect to cation as well as its tent ton my behalf. I grant for the purpose of pere Zoning and Building	te and the statements are true to the best of upon by a municipality; that false 200. If there is more than one property of the submission of this application, and that ms and conditions. In submitting this permission for Building Department forming any necessary inspections, without Code, deed restrictions, with every other w York.
all claims, damages, los operations within the In part by any negligent ac	sses, and expenses in accorporated Village of act or omission of the any of them may be i	cluding any attorney' f East Hills provided t permit holder, its age	s fees arising out of or that such claim, damag nts, anyone directly en	It its agents and employees from and against resulting from the permit holder's ge, loss or expense is caused in whole or in gaged or employed by any of them or of whether or not said loss is caused in part
Owner's Name:			Signature:	
Sworn to before me th	is day of	, 20_		
Notary Public, Nassau	County, New York			
	A Utility M	1ark Out <u>MUST</u> be C	Completed Before Sta	rting Work
☐ Location of t☐ Contractor's Nassa☐ Contractor's Liabil Holder and as A	nts from Structure(s) to utilities (water, electric au County Consumer / lity, Disability and Wo Additionally Insured 00 plus Permit Fee: \$	orkers' Compensation I	nsurance Certificates Lis	sting 'Village of East Hills' as Certificate oth (cash or check made out to

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