

**APPLICATION FOR SEPTIC SYSTEMS
TOWN OF FENNER**

Code Enforcement Officer review _____

Date Acpt'd by Town Clerk _____

Fee Paid (Y/N)and amount _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE NO: _____ PERMIT NO: _____

FEE: _____ TAX MAP NO: _____

APPROVED BY: _____

LOCATIION ON PREMISES FOR WHICH PERMIT IS SOUGHT: _____

APPLICATION FOR (CHECK)

____ A. REPAIR OF EXISTING SYSTEM

____ B. REPLACEMENT OF EXISTING SYSTEM

____ C. CONSTRUCTION OF NEW SYSTEM

DESCRIPTION OF PREMISES FOR WHICH PERMIT IS SOUGHT;

A. NUMBER OF BEDROOMS: _____

B. METHOD OF GARBAGE DISPOSAL: _____

C. SIZE OF LOT: _____

D. PREDOMINANT SLOPE OF LAND: _____

E. WERE TEST HOLES PRESOAKED (WHEN AND AMOUNT): _____

F. PERCOLATION TESTS TAKEN BETWEEN JUNE 1 & OCTOBER 1, SHALL BE DONE IN CONSULTATION WITH CODE ENFORCEMENT OFFICER. DURING UNREPRESENTATIVE DRY PERIODS, DEEP TEST HOLES MAY BE REQUIRED.

TESTS MADE

*1 BY: _____

2. DATE OF TEST: _____

*TEST MUST BE MADE BY PERSON CERTIFIED AND REGISTERED BY THE STATE OF NEW YORK OR AUTHORIZED BY THE TOWN BOARD. FINDINGS OF PERCULATION TESTS MUST BE SKETCHED IN DUPLICATE ON PAPER 8 ½ X 11 AND ACCOMPANY THIS APPLICATION FOR PERMIT.

NO PART OR SEPTIC SYSTEM FOR WHICH A PERMIT HAS BEEN ISSUED MAY BE COVERED UNTIL INSPECTED AND APPROVED BY THE PROPER OFFICIAL.

APPLICANT'S SIGNATURE: _____

PLEASE NOTE: THERE ARE NO REFUNDS OF AN APPLICATION FEE