

**TOWN OF SENECA FALLS
APPLICATION FOR PERMISSION TO CONNECT
TO PUBLIC WATER OR SEWER/MAKE REPAIRS TO CONNECTION**

(\$100 FEE TO ACCOMPANY APPLICATION FOR NEW SERVICE)

THE UNDERSIGNED _____ (OWNER/LEGAL AGENT) OF PREMISES _____, SENECA FALLS, NEW YORK, HEREBY ASKS FOR PERMISSION TO OPEN (Y) BRANCH OR SEWER LATERAL: LAY A _____ INCH HOUSE SEWER THERETO; AND CONNECT THE PLUMBING WORK IN SAID PREMISES WITH THE PUBLIC SEWER IN _____ ST. BY SIGNING THIS PERMIT THE APPLICANT AGREES TO OBIDE BY THE FOLLOWING OBLIGATIONS SET FORTH BY THE MUNICIPAL BOARD:

1. THAT HE WILL OBSERVE ALL OF THE RULES AND REGULATIONS ADOPTED BY SAID BOARD GOVERNING THE USE OF THE PUBLIC SEWERS IN SAID TOWN OF SENECA FALLS: THAT HE WILL PROTECT SAID VILLAGE AGAINST ALL LOSS OR DAMAGE IT MAY SUSTAIN BY THE EXECUTION OF SAID WORK AND WILL RESTORE THE SURFACE OF THE STREET AND KEEP THE SAME IN REPAIR FOR A PERIOD OF ONE YEAR AFTER THE LAYING OF THE HOUSE SEWER.
2. THAT HE HEREBY WAIVES ALL CLAIMS AGAINST SAID TOWN BY OR ON ACCOUNT OF ANY LOSS OR DAMAGE THAT MAY BE SUSTAINED BY THE ABOVE MENTIONED PROPERTY BY THE STOPPAGE OF ANY PUBLIC OR PRIVATE SEWER OR FROM ANY CAUSE CONNECTED THEREWITH.
3. THAT HE WILL GIVE THE SUPERINTENDENT, FOREMAN, OR ANY REPRESENTATIVE OR SAID TOWN ACCESS TO SAID PREMISES AT ALL REASONABLE HOURS FOR THE EXAMINATION OF THE HOUSE SEWER OR PLUMBING WORK.
4. THAT HE WILL EMPLOY A QUALIFIED PLUMBER TO OPEN THE (Y) BRANCH OR SEWER LATERAL AND TO MAKE THE CONNECTION WITH THE PUBLIC SEWERS.
5. THAT HE AGREES THAT NO EXCAVATIONS WILL BE BACKFILLED UNTIL THE SUPERINTENDENT, FOREMAN, OR ANY AUTHORIZED REPRESENTATIVE OF SAID TOWN AS INSPECTED AND APPROVED THE SAME. ALL WORK DONE TO THE WATER/SEWER SYSTEM IS TO BE INSPECTED BY THE SENECA FALLS WATER DEPARTMENT BETWEEN THE HOURS OF 7AM-3PM. ANY WORK DONE AFTER BUSINESS HOURS/WEEKENDS/HOLIDAYS NEEDS STILL NEEDS TO BE INSPECTED BEFORE BACKFILLING. THE HOMEOWNER/CONTRACTOR WILL BE BILLED A MINIMUM OF 3 HOURS FOR EACH CALL-OUT (AFTER HOURS) FOR INSPECTION. AN APPOINTMENT NEEDS TO BE SCHEDULED 24 HOURS IN ADVANCE THROUGH THE WATER OFFICE. 315.568.6211.

(OVER)

**PLEASE CHECK THE APPROPRIATE BOX
AND FILE
REQUIRED CERTIFICATE OF INSURANCE**

{ } PURSUANT TO SECTION 57 OF THE WORKERS' COMPENSATION LAW AND SECTION 220, SUBDIVISION 8 OF THE DISABILITY BENEFITS LAW, EMPLOYERS OF LABOR MUST SUBMIT WITH THIS APPLICATION PROOF OF SUCH COVERAGE. A PERMIT CANNOT BE ISSUED WITHOUT FILING SAID CERTIFICATE OF INSURANCE.

OR

{ } I HEREBY CERTIFY THAT I DO NOT NEED WORKERS' COMPENSATION INSURANCE BECAUSE I AM AN INDIVIDUAL OWNER OR PARTNER WITH NO EMPLOYEES AND NOT A CORPORATION.

DATE: _____

SIGNED: _____
OWNER/AGENT

PHONE #: _____

ADDRESS: _____

HOME OWNER'S NAME: _____

SCHEDULED START DATE: _____ SCHEDULED END DATE: _____

CHECK ONE: _____ WATER _____ SEWER

FOR WATER & SEWER DEPARTMENT USE ONLY

APP ACCEPTED BY: _____
Signature

DATE: _____

INSPECTED BY: _____
Signature

DATE: _____

PHOTOS TAKEN: YES NO

COMMENTS: _____