

# TOWN OF NORTH HUDSON

Building Codes Department  
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## APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

FEE: \_\_\_\_\_

Application No. \_\_\_\_\_

DATE: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

The undersigned hereby makes application for a permit to perform the work shown on the drawing accompanying this application and described herein:

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Tax Map No. \_\_\_\_\_ Intended Use: Residence \_\_\_\_\_ Commercial \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Septic Tank Size: \_\_\_\_\_ Gallons.

Soil Percolation Rate: \_\_\_\_\_ Lift Pump Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Length of Absorption Field: No. of laterals. \_\_\_\_\_ Each Length. \_\_\_\_\_ Total Length. \_\_\_\_\_

Each trench at least 2 Feet Wide: Yes \_\_\_\_\_ No \_\_\_\_\_

Seepage Pits (Cesspool, Beehive, etc.): # of Pits. \_\_\_\_\_ Diameter. \_\_\_\_\_ Depth. \_\_\_\_\_

**NOTE: ALTERNATE SYSTEM Disposal Designs require NYS Department of Health Approval.**

\_\_\_\_\_ is the owner in fee of the premises to which this application applies; that he/ she (the applicant) is duly authorized to make this application; and that the statements contained herein are true to the best of his/ her knowledge and belief.

SIGNATURE OF APPLICANT: \_\_\_\_\_