

TOWN OF MORRISTOWN

604 Main St / P.O. Box 240

Morristown, NY 13664

Telephone: (315) 375-8572 Fax: (315) 375-4723

morristowncodes@nnymail.com



Public Health
Prevent. Promote. Protect.

APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM

Property Owner Name: _____

Property Owner Mailing Address: (include city, state, zip) _____

Individual Sewage Treatment Systems:
In most rural areas and in many suburban residential areas, individual sewage treatment systems (ISTs) are relied upon for the disposal of household wastes. An ISTS will serve a home satisfactorily only if it is properly located, designed, constructed and maintained.

Legal Property Description

Town: _____ Section: _____ Block: _____ Lot #: _____ Acres: _____ Water Supply: _____

Site Address (include road): _____ City: _____ Zip: _____

Directions to Property: _____

COMPLETE ONLY ONE SECTION BELOW, MARKING ITEMS THAT APPLY

SITE EVALUATION	EXISTING SYSTEM EVALUATION
<input type="checkbox"/> Single Family Dwelling/# of bedrooms: _____ <input type="checkbox"/> Commercial: _____ Max # of Employees: _____ Max # of Patrons: _____ <input type="checkbox"/> Showers <input type="checkbox"/> Food Preparation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Repair/replacement of drain lines (no fee)	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Alternate System Review <input type="checkbox"/> File Review <input type="checkbox"/> Proposal: _____ _____ _____

PERMIT REQUEST	AUTHORIZATION
<input type="checkbox"/> Single Family Dwelling, # of bedrooms: _____ <input type="checkbox"/> Commercial: _____ <input type="checkbox"/> New <input type="checkbox"/> LUCS Statement attached <input type="checkbox"/> Renew Permit #: _____ <input type="checkbox"/> Standard (gal.): _____ <input type="checkbox"/> Alternative (gal.): _____ <input type="checkbox"/> Pump <input type="checkbox"/> Repair: <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> Alteration: <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> Licensed Installer (name): _____ License #: _____ <input type="checkbox"/> Owner Install	<input type="checkbox"/> Remodel (added bedrooms): _____ <input type="checkbox"/> Replacement Dwelling <input type="checkbox"/> Personal Hardship/Temporary Housing <input type="checkbox"/> # of Bedrooms in Existing Dwelling: _____ <input type="checkbox"/> # of Bedrooms in Proposed Dwelling: _____ <input type="checkbox"/> Residential to Commercial <input type="checkbox"/> Proposal: _____ System Currently in Use?: <input type="checkbox"/> Yes <input type="checkbox"/> No (date of last use): _____ <input type="checkbox"/> LUCS Statement attached

I understand that this site must be prepared according to instruction in the guidance packet before action will be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant Town of Morristown Code Official and authorized agent permission to enter onto the above described property for the purpose of this application.

Applicant Information

Applicant Name: _____ Phone: _____

Mailing Address (include city, state, zip): _____ Email: _____

Applicant is: Owner Authorized Representative (authorization attached) Licensed Septic Installer

Applicant Signature: _____ Date: _____

DO NOT WRITE IN THE SPACE BELOW

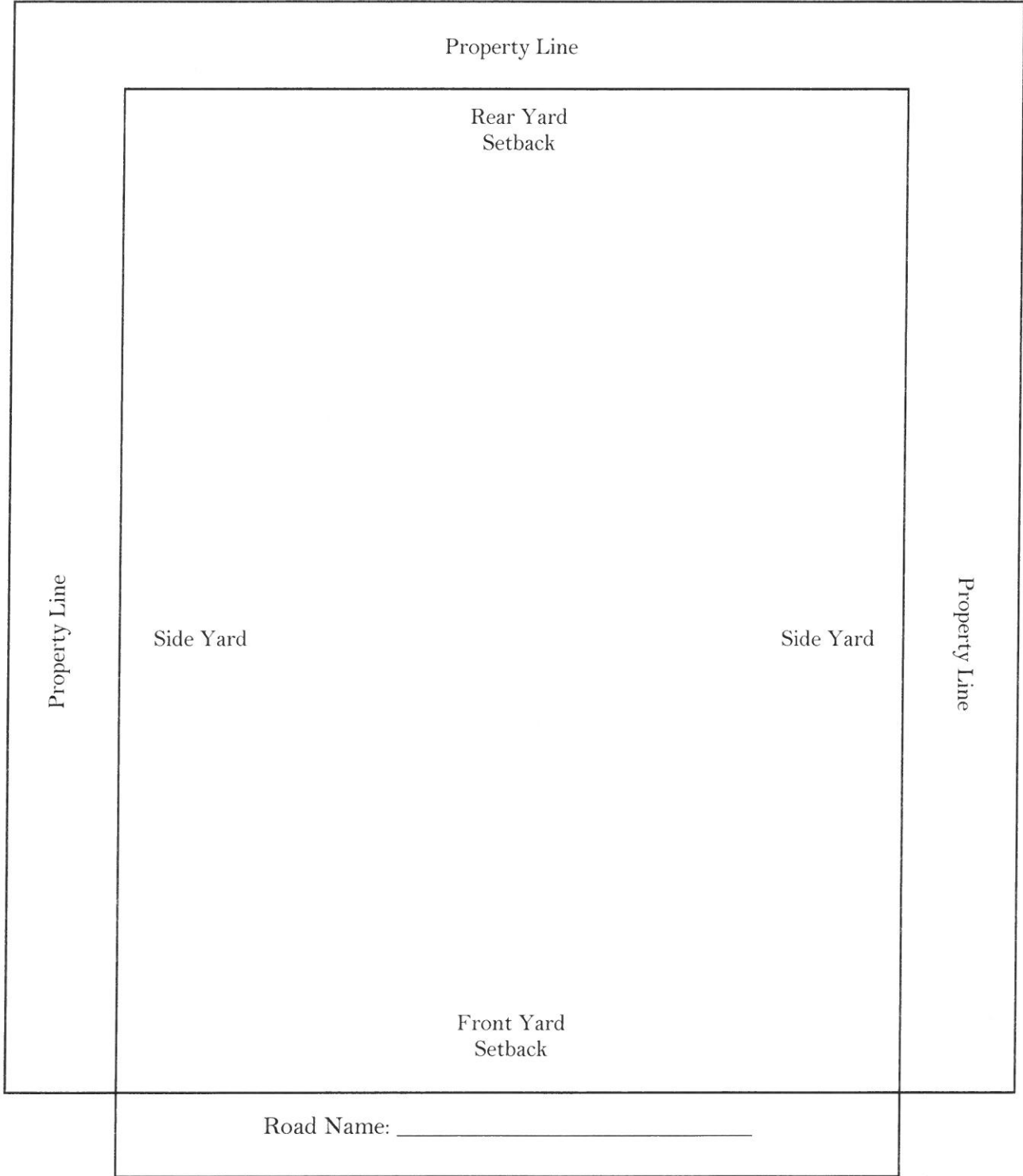
Fee Received: _____ Ck/MO/CC#: _____ Date: _____

Received By: _____ Project #: _____ Activity #: _____

Call Hold for pickup Mail Initial: _____ Date: _____



Town of Morrilltown
Code Enforcement Office
PO BOX 240
604 Main Street
Morrilltown, NY 13664
315-375-8572



Septic System Plot Plan