

VILLAGE OF CLIFTON

APPLICATION FOR SANITARY SEWER CONNECTION CONSTRUCTION AND SEPTIC ABANDONMENT PERMIT

| LOCATION FOR WHICH SEWER HOOK-UP AND SEPTIC ABANDONMENT PERMIT REQUESTED | | |
|--|--|--|
| Property Address: | | PO Box |
| | | Water Acct No. |
| Property Owner: | Phone: | Cell: |
| If Rental, Current Occupant: | Phone: | Cell: |
| Contact Email: | Hours / Days Available: | |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Single-Family | <input type="checkbox"/> Multi – Family: If checked, how many units? |
| Is this connection anticipated to be eligible for the DCEO Hook-Up Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, in order to receive reimbursement (up to \$900.00), any contractor performing work must meet the requirements set forth to be included on the village’s registered contractor list (available at village office). | | |
| WORK COMPLETION INFORMATION (please specify “homeowner” if work will be done by property owner) | | |
| Trenching and Piping Installation | | |
| Contractor’s Name | | <input type="checkbox"/> Registered with Village |
| Sewer Connection | | |
| Contractor’s Name | | <input type="checkbox"/> Registered with Village |
| Septic Abandonment (work must be performed by a licensed septic pumper) | | |
| Contractor’s Name | | <input type="checkbox"/> Registered with Village Proposed Fill: |

I hereby certify that I am aware of the Village’s Sanitary Sewer System Sewer Use Ordinance (copy available upon request) and that the proposed work is accurately represented and shall comply with all requirements of said Ordinance. I further certify that I understand if I choose a contractor not on the registered contractors list (available upon request) that the village has not verified that said contractor holds any licenses, insurance, or bonds, and that the property’s hook-up may not be eligible for low-to-moderate income sewer hook-up assistance through the Department of Commerce and Economic Opportunity.

If other than homeowner’s signature, applicant agrees that he/she has made homeowner aware of the above certifications.

Applicant’s Signature _____ Date: _____

If other than homeowner, business name and/or relationship: _____

| OFFICE USE ONLY | |
|--|--|
| Date Application Received: | Comments: |
| Application Approved by: | |
| Permit Issue Date: | Permit Number: |
| Sewer Connection / Cleanout | Septic Tank Pumping / Abandonment |
| Inspected by | Inspected by: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date: | Type of Fill Used: |
| Reason for Disapproval | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date: |
| Photo on File <input type="checkbox"/> | Reason for Disapproval |
| | Photo on File <input type="checkbox"/> |