TOWN OF LAGRANGE

120 Stringham Road, LaGrangeville, New York 12540; (845)452-8562
Dutchess County, NY

APPLICATION FOR RESIDENTIAL SEWER SERVICE CONNECTION

NO: _____

IDENTIFICATION OF APPLICANT

APPLICANT NAME _____ PHONE _____

NAME OF BUSINESS (If applicable) _____

MAILING ADDRESS _____

CONTACT PERSON (for this project) _____ PHONE _____

OWNER OF RECORD (if other than applicant: written consent of owner is required

NAME _____ PHONE _____

ADDRESS _____

NAME OF CONTRACTOR _____

IDENTIFICATION OF PROPERTY

TAX MAP GRID NUMBER _____

LOCATION (ADDRESS) _____

SUBDIVISION NAME _____ SUB. LOT NO. _____

The proposed work is to connect the above property to the municipal sewer district.

The undersigned agrees and understands and is familiar with the laws of the State of New York and the local laws of the Town of LaGrange with respect to the construction and use of public sewer. Applicant agrees to display permanently at the location, the permit herein applied for, if and when the same is issued, and to notify the Building Inspector or the Town official having jurisdiction as to the time when the work is to be done and to certify that the same complies with the local laws with respect thereto. It is understood that no Certificate of Occupancy will be issued to the building which is being connected to the public sewer until such time as the appropriate Town official has inspected the work herein to be done and approved the same in writing by separate written instrument.

SIGNATURE OF APPLICANT _____ DATE _____
(MUST BE SIGNED IN THIS OFFICE)

APPLICATION FEE $_____ RECEIVED BY _____ RECEIPT NO _____ CHECK NO. _____

Sewer Service Trench Inspection: _____ Final Inspection: _____

Approved for Service _____
Building Inspector

Permit issued this _____ day of _____ SEWER DISTRICT _____

SITE PLAN SKETCH

SHOW: PROPOSED SERVICE & EXISTING WATER MAIN, SEPTIC, STRUCTURES, DRIVES/WALKS, OBSTRUCTIONS, ETC.