

Robert E. Mayes

## TOWN OF CORTLANDT

Water Division
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Stephen J. Ferreira, P.E. Director

Brent W. VanZandt, P.E. Deputy Director

Christina Edwards Deputy Director - Administration

## **Sanitary Sewer Service Application**

Application Date:					
Property Address:	Ta	ax ID#	Sec:	Blk:	Lot:
Owner's Name:			Phone:		
Owner's Mailing Address:					
Contractor:	(City, State, Zip)		Phone:		
Contractor's address:					
	(City, State, Zip)				
☐ New Service	☐ Other				
Type of Service: $\square$ Residential	☐ Non-R	desidential			
Application Fee:  Residential (\$275.00)	☐ Non-Residential	(TBD - \$2'	75.00 min) Received	d by:	
Main Tap Required? $\square$ YES $\square$ NO	*Name of re	esponsible	contractor		
	Name of	rosponsik1	Phone		
	name of	responsible	e plumber Phone		
Road Opening Permit?   YES   NO					
Service Size:inches					
*Site Plan: Attached					
Signature Required:		Si	gnature Required:		
Printed Required:		Printed Required:(Contractor)			
**Site plan, contractors insurance Site plan to include property line i	nformation, sewe	r main, s			
Permit #	_				
			$\square$ Approved	☐ Contact	
Director/Deputy Director	Date				
Trench Inspection Da	ite Ins	spected by:			_
	Co	ontractor: _			_
	Co	ntractor as	built:		