



**Building Department**  
 323 Charlton Road  
 Ballston Spa, NY 12020  
 Jeff Stickles, Building Inspector  
 Matt Vaverchak, Asst. Building Inspector  
 Erica Collins, Senior Clerk  
 Phone: 518-490-2715  
 building@townofballstonny.org

**WASTEWATER SYSTEM  
 (SEPTIC)  
 PERMIT APPLICATION**

Office Use ONLY

Permit # \_\_\_\_\_ Permit Fees: \_\_\_\_\_

Date Received

ADDRESS OF SITE: \_\_\_\_\_

Tax Map ID: \_\_\_\_\_

Type:       New                                       Replacement                                       Decommission

Applicant/Contractor Name: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Applicant/Contractor Phone: \_\_\_\_\_

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

Applicant/Contractor Email: \_\_\_\_\_

Property Owner Email: \_\_\_\_\_

Check if Applicant

Check if Applicant

WATER SUPPLY:       Municipal                                       Well

**FOR NEW OR REPLACEMENT SEPTIC SYSTEM:**

Depth to Water Table and/or Impervious Soil: \_\_\_\_\_

Percolation Test Results (minutes per inch): \_\_\_\_\_

Number of bedrooms in dwelling \_\_\_\_\_ Garbage Disposal:  Yes       No

Size of Tank proposed (gallons) \_\_\_\_\_

Width of Trench: \_\_\_\_\_

No. of Laterals: \_\_\_\_\_ Length of Laterals: \_\_\_\_\_

Total Linear Feet: \_\_\_\_\_

**NOTE: Pursuant to [Section 138-26](#), Code of the Town of Ballston, the expansion or replacement of septic systems shall be designed by a licensed design professional.**

Please SUBMIT the following:

- 1) **TWO SETS OF PLANS DESIGNED BY A NYS LICENSED PROFESSIONAL**
- 2) **PLOT PLAN SHOWING PROPOSED SEPTIC SYSTEM LOCATION AND OTHER STRUCTURES**
- 3) **CONTRACTOR'S CERTIFICATES OF LIABILITY &**
- 4) **CONTRACTOR'S WORKMEN'S COMPENSATION INSURANCE OR HOMEOWNER'S AFFIDAVIT OF EXEMPTION FROM WORKMEN'S COMPENSATION AND PROOF OF HOMEOWNER'S INSURANCE**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Contractor/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_