



# Town of Moreau

## Building and Zoning Dept.

Town Office Complex

351 Reynolds Road

Moreau, NY 12828-9261

Phone: (518) 792-4762 ~ Fax: (518) 792-4615

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## ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) APPLICATION REQUIREMENTS

**\*No construction activities begin until an approved permit is issued\***

**TWO SETS** OF THE FOLLOWING INFORMATION MUST BE PROVIDED (2 PHYSICAL COPIES)

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY.** Name, address, contact information and signature of the property owner, applicant, or contractor is required.
  - 2) **PLOT PLAN** drawn to scale with the use of a survey map, if possible
    - **Boundary lines** for entire property, lot configurations
    - **Location** of proposed wastewater treatment system with dimensions
    - **Location of** and distance from any and all water sources and disposal systems. (wells, waterways, ponds) including on-site and bordering sites.
    - **Location of** all on-site testing including percolation and deep hole shall be witnessed by the Building Inspector
    - **All existing structure locations** on the property – shed, deck, carports, garage etc. with distance from one another and lot lines.
  - 3) **STAMPED PLANS** All proposed systems must be designed and stamped by a licensed Engineer or Architect.
  - 4) **RECORD DRAWING** must be submitted to the Building Department once final inspection has passed. Must include but not limited to:
    - Triangulation distances to the septic tank covers, D-box and the corners of the finished leach field.
  - 5) **INSURANCE**: REQUIRED by Homeowner or Contractor
    - a. **Homeowner**: -
      - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage **CE-200**
      - ii. Affidavit for Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence: **Form BP-1**
    - b. **Contractor**:
      - i. Certificate of Workers Compensation: **Form C-105.2 or U-26.3**
      - ii. Certificate of Disability insurance: **Form DB-120.1 or DB-155**
      - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage: **Form CE-200**
- ACORD forms are **NOT** acceptable proof of Workers Compensation or Disability Insurance Coverage
- 6) **FEE**- as per fee schedule - collected when application is approved prior to permit being issued
  - 7) **COMPLIANCE** All Aspects of construction must comply with Appendix 75-A of the New York State Department of Health Wastewater Treatment Standards Residential On-Site Systems.

# TOWN OF MOREAU ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

## LOCATION Information

Job Site Address \_\_\_\_\_ Tax Map ID# \_\_\_\_\_

## OWNER Information

Owners Name (PRINT) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

## INSTALLER'S Information

Applicant (PRINT) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

TYPE OF SYSTEM INSTALLED	New _____ Addition _____	Replacement _____
	SIZE AND MATERIAL	SIZE AND MATERIAL
<b>Type of Absorption System:</b>		
Conventional		
Gravel less Absorption System		
Alternative		
<b>DESIGN CRITEREA:</b>		
No. of Bedrooms		
Garbage Grinder		
Spa Tub		
Bonus Space		
<b>EQUIPMENT TO BE INSTALLED:</b>		
Septic Tank Size and Material		
Distribution Box		
Total Ft. of Absorption Field		
No. of lines/Ft. per line		
Seepage Pit		
<b>Water Source:</b> Well / Municipal		

☐ I affirm that the information I have given on this application is correct and complete and I understand that the Town will rely on this information in making its decision.

Applicant Name (PRINT): \_\_\_\_\_ Applicant Name (SIGN): \_\_\_\_\_

## OFFICIAL USE ONLY

Permit Fee: **\$50.00** Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Permit #: \_\_\_\_\_

Building Inspector: \_\_\_\_\_ Date Approved: \_\_\_\_\_

*Additional information may be required by the reviewing inspector if deemed necessary.*

## **REQUIRED INSPECTIONS: 24 HOUR NOTICE REQUIRED**

**INSPECTIONS REQUESTED VIA VOICEMAIL MAY NOT BE SCHEDULED**

**Inspection by the Building Department is required  
prior to any portion of the system being covered or backfilled.**

- **SITE INSPECTION** with proposed layout
- **BACKFILL INSPECTION** – Inspection prior to system being covered or backfilled.