



Town of Halfmoon
 2 Halfmoon Town Plaza
 Halfmoon, NY 12065
 371-7410 ext. 5
 Fax: 371-0304
 Building Department

**SEWER/SEPTIC
 PERMIT
 Application**

Permit #: _____

Application Date: _____

Fee: _____

Permit Type: Sewer Septic
 Residential Commercial

Address/Location: _____ SBL# _____

Property Owner:

Name (PRINT): _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Contractor/Builder:

Name (Print): _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Insurance Carrier: _____

Workers Comp (C105.2 Form): Date: _____ Liability(Accord 25 Form): Date: _____

County Sewer Sign Off: _____ Septic Drawings Submitted: _____

County Sewer Permit Obtained _____

Applicant Signature: _____ Date: _____

*** Septic systems are to be inspected by the Town of Halfmoon Code Enforcement Office prior to backfill. A stamped letter by the design professional stating the system has been installed per NYS Code and design will be required prior to a Certificate of Compliance being issued.

(For Department Use Only)

Action: Approved Disapproved Reason for Disapproval: _____

Signature: _____ Date: _____

Title: _____