



ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT

SEWER PERMIT APPLICATION

- NORTHERN REGION OFFICE** (DIST. # 1, 4 & 5)
3789 WALDEN AVENUE • LANCASTER, NY 14086
- CENTRAL REGION OFFICE** (DIST. # 3, 6 & 8) **SOUTHERN REGION OFFICE** (DIST. # 2)
S-3690 LAKE SHORE ROAD • BUFFALO, NY 14219 8443 LAKE SHORE ROAD • ANGOLA, NY 14006

<u>Building Type: Check One</u> <input type="checkbox"/> Single Residential <input type="checkbox"/> Multiple Residential <input type="checkbox"/> Duplex <input type="checkbox"/> Non-Residential*	<u>Permit Type: Check One</u> <input type="checkbox"/> New Connection <input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Renewal <input type="checkbox"/> Disconnect	<u>Construction Details: Check all that Apply</u> Sump Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No Construction Type: <input type="checkbox"/> New <input type="checkbox"/> Existing Year of Construction: _____ Plumbing Type: <input type="checkbox"/> Hung <input type="checkbox"/> Under-the-Floor
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***Note:** Prior to issuing a new Non-Residential sanitary sewer permit, it is **REQUIRED** that the following be submitted to and approved by our Downtown Engineering Office:

(1.) Completed INDUSTRIAL WASTE/SURVEY/DISCHARGE PERMIT APPLICATION; (2.) SITE PLANS, FLOOR PLANS, DETAIL SHEET; (3.) WATER USE FLOW DIAGRAM

Please mail the required documents to: *Erie County Division of Sewerage Management, Attn: Matt Salah, Sr. Coordinator of Sewer Construction Projects, 95 Franklin Street, Room 1036, Buffalo, NY 14202*

Location of Lot:

Building Address: _____

Town: _____ **Zip:** _____ **SBL #** _____

Note: SBL # is necessary for *all new* constructions. This can be obtained from the Local Assessors Office or on the Property Tax Bill.

If Applicable:

Subdivision Name: _____ **Sublot #:** _____ **Sewer Installed by:** _____

Note: Some Municipalities require a Plumber's License & Local Permit.

NYS Law requires proof of Worker's Compensation Insurance in the Name of the Permit Applicant.

<u>Applicant Information: Please print</u>	<u>Owner Information: Please print</u>
Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

SIGN HERE → Applicant's Signature: _____ **Date:** _____

Note: All checks are to be made out to ERIE COUNTY COMPTROLLER

Checks/Money Orders & Completed Applications should be mailed to the corresponding Regional Office. See addresses above.
If current Proof of Workers' Compensation Insurance is not on file, please include with Application.

For Office Use Only:

Amount Due:	<input type="checkbox"/> \$2.00	<input type="checkbox"/> \$502.00	<input type="checkbox"/> Other: \$ _____
Payment Type:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order # _____

For Office Use Only:

Date Received in Mail:
(Stamp)

STATUS: (Check One)

<p><input type="checkbox"/> Processing</p> <p>Date Sent to Supervisor: _____</p> <p>WCI verified? <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="checkbox"/> Pending</p> <p>Reason: (Check all that apply)</p> <p><input type="radio"/> Application incomplete, but signed - call applicant for missing info</p> <p><input type="radio"/> No Payment - call applicant for payment</p> <p><input type="radio"/> Incorrect Amount - call applicant, offer options</p> <p><input type="radio"/> No WCI or expired - call applicant to send current WCI</p>	<p><input type="checkbox"/> Declined</p> <p>Reason: (Check all that apply)</p> <p><input type="radio"/> Incorrect District - mail to correct Office & call applicant</p> <p><input type="radio"/> Application not signed - mail back & call applicant</p>
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Reviewed by: _____ Date: _____

Supervisor

STATUS: (Check One)

Sewer Availability Verified / OK to Issue Permit

Declined - Reason: _____

Reviewed by: _____ Date: _____

Date Received from Supervisor: _____ Permit # Issued: _____

Date Issued: _____ Issued By: _____

Date Permit Mailed: _____