

TOWN OF QUEENSBURY DEPARTMENT OF WASTEWATER

823 CORINTH ROAD • QUEENSBURY, NEW YORK 12804 • PHONE (518) 745-5589 • FAX (518) 798-3320

Date _____

_____ Hereby applies for a sanitary sewer connection at _____ in the _____ Sanitary Sewer District for the property owned by _____. Accompanying this application is the fee of \$_____ for the sanitary sewer connection.

ALL SANITARY SEWER LINES FROM SEWER MAIN TO FOUNDATION WALL MUST BE INSPECTED BEFORE BACKFILLING

NEW CONSTRUCTION: BUILDING & CODES WILL NOT ISSUE A CERTIFICATE OF OCCUPANCY UNLESS LATERAL HAS BEEN INSPECTED AND APPROVED BY SANITARY SEWER INSPECTOR.

Trench and inside inspections must be scheduled by calling 745-5589 Monday – Friday, 7:30am – 2:15pm.

Highway Permit No.: _____

Payment: Cash: _____ Check No.: _____

Receipt No.: _____

Applicant: _____

Phone No.: _____

Contractor: _____

Phone No.: _____

For office use only: <input type="checkbox"/> – Director’s Review for Capacity/Benefit Tax Entry/ Greasetrap Entry
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