

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 **\$10.00** for the sanitary sewer connection.

*****All sanitary sewer lines from the sewer main to the foundation wall must be inspected before backfilling*****

New Construction: Building and Codes will not issue a Certificate of Occupancy unless the lateral has been inspected and approved by the Wastewater Department.

Trench and inside inspections must be scheduled by calling (518) 745-5589 Monday – Friday, between 7:30am – 2:15pm. Grinder pump start-ups must be certified by a third party.

Highway Permit No.: _____

Payment: Cash: _____ Check No.: _____

Receipt No.: _____

For office use only:

☐ Director's review for Capacity/Benefit Tax Entry/

Grease trap Entry

Applicant: _____

Phone No.: _____

Contractor: _____

Phone No.: _____