

VILLAGE OF BAYVILLE BUILDING DEPARTMENT
34 SCHOOL STREET, BAYVILLE N.Y. 11709
TELEPHONE 516-628-1247

PERMIT NUMBER

APPROVED _____

DATE _____

FEE \$ _____

SEPTIC SYSTEM PERMIT APPLICATION

SECTION _____ BLOCK _____ LOT(S) _____

RESIDENCE _____ COMMERCIAL _____ NUMBER OF SEPTIC COMPONENTS _____

OWNER'S NAME _____ SITE ADDRESS _____

HOME ADDRESS _____

STATE _____ ZIP _____

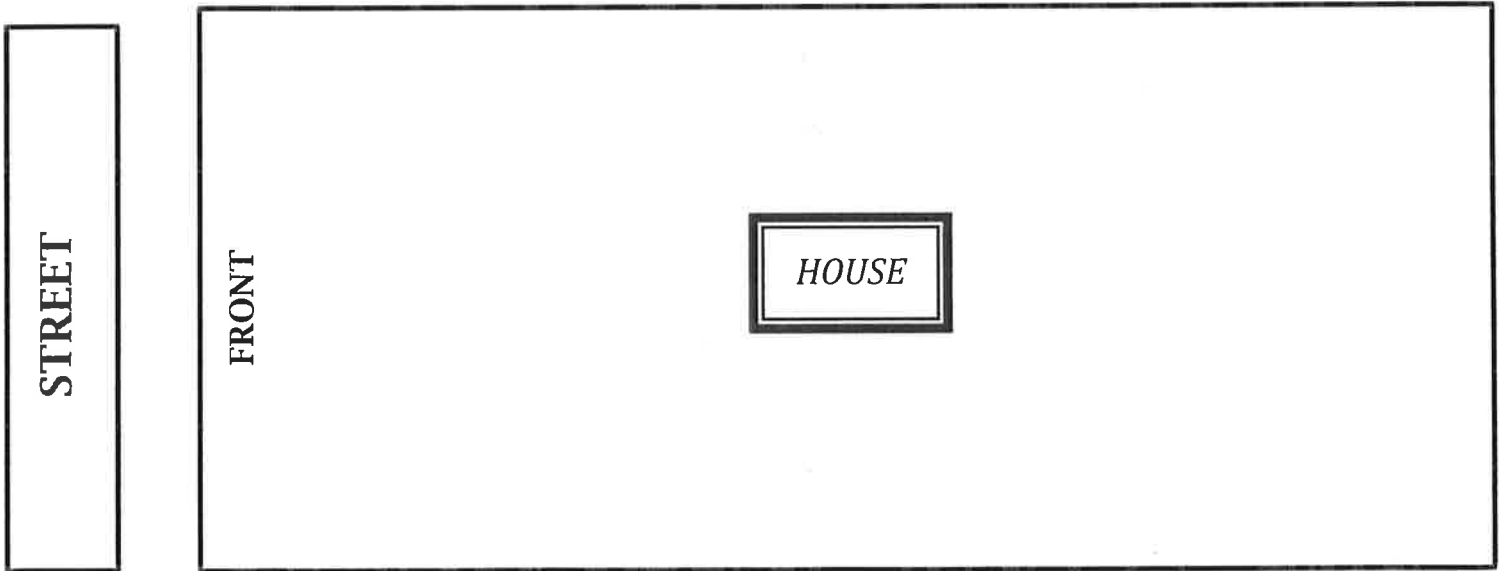
HOME TELEPHONE _____ CELL _____

CONTRACTOR'S NAME _____ PHONE _____

Indicate septic system, drywells and water line on plot plan

PLOT PLAN

INDICATE: CORNER HOUSE _____ INTERIOR LOT _____



CONTACT THE BUILDING DEPARTMENT FOR INSPECTION:

WHEN PLACED IN HOLE _____

REINSPECTION WHEN COMPLETED _____

OWNER/AGENT SIGNATURE _____ DATE _____