

Town of Geneva
3750 County Road 6
Geneva, New York 14456

SEPTIC/PRIVATE SEWAGE DISPOSAL SYSTEM
PERMIT APPLICATION

Building Permit #: _____
Date Issued: _____ - _____ - _____
Permit Fee: \$ _____

PROPERTY ADDRESS: _____
PROPERTY OWNER: _____

TYPE OF PERMIT REQUESTED: (CHECK APPLICABLE AREA)

Residential: _____ Commercial: _____
New System: _____ Leach field w/tank _____ Aerobic _____ Other _____
System Repair: _____ Leach field _____ Tank _____ Aerobic _____ Other _____

List all work to be performed: _____

INSTRUCTIONS:

This application must be filled out in ink or typed.
Submit finished application and supporting documents to the Town Hall for review.
All required information **Must** accompany this application.

- 1) The following items are required to be submitted with this application:
 - * A Plot/Site plan showing the following:
 - a) Location of the property
 - b) All existing structure/s on the property
 - c) The location of the Septic area for the proposed work
 - d) The distance from the nearest property line
 - e) The Engineered Plans
 - f) The supporting documentation for the design
- 2) This Application must be accompanied by TWO (2) sets of plans/ drawings showing the following:
 - * The proposed construction work
 - * The specifications for the work proposed including the materials, dimensions of the leach area, the perc rates, and the number of bedrooms in the house, and any other items requested by the Code Enforcement Officer.
 - * All required insurance forms

An Application is hereby made for the issuance of a Building Permit pursuant to the Laws, Rules and Regulations that have been adopted by the Town of Geneva and are currently in effect at the time of this application.

Address of property for proposed work: _____
Property Owners Name: _____
Owners Mailing Address: _____
Phone #: Cell: ____ - ____ - ____
 Other: ____ - ____ - ____
E-mail: _____

Estimated Cost of work to be performed: \$ _____
Estimated time from start to finish of work: _____

Contractor:	_____	Engineer/Designer:	_____
Contact person:	_____	Contact Person:	_____
Business Address:	_____	Business Address:	_____
Phone #: Office:	____ - ____ - ____	Phone #: Office:	____ - ____ - ____
Contact's Cell:	____ - ____ - ____	Contact's Cell:	____ - ____ - ____

All proper insurances must be submitted for NYS Workers Compensation and NYS Disability or a NYS Exemption Form, all in compliance with Section 57 of the Workers Compensation Law or Section 125 of the General Municipal Law.

Acceptance and/or approval of this permit application does not relieve the Agent, Applicant, Contractor, Architect, Engineer, or Owner from complying with the provisions of the NYS Uniform Fire Prevention and Building Code, 2015 ICC adopted Codes and/or the Laws of the Town of Geneva, New York, whether stated, implied or omitted in the information submitted for this permit.

- Any and all work related to this application **shall not** be started until the issuance of a Building Permit. Any deviation from the information provided with the application is required to receive approval from the Building Inspector and/or others as determined by the Building Inspector, prior to implementation. This approval of changes must be in writing.
- All work, for which this permit has been issued, shall be completed within one year from the date of the issuance of the permit. If work has not been completed, the permit shall expire unless the applicant has applied for and received an extension approval.
- No portion of the work proposed shall be used or occupied, in part or in whole, until a Certificate of Occupancy or a Certificate of Compliance has been issued.

Building Permit Acknowledgement

I acknowledge that I am applying for a Building Permit and that I have read all previous conditions of the Building Permit Application. I affirm that all work will be done in accordance to the drawings, sketches, and information provided:

I give permission for the Code Enforcement Officer and/or his appointee to access my property in order to conduct inspections and investigations for the completeness and compliance of the proposed and approved work:

Signature of the property owner: _____
Please print the above signature: _____
Date: _____ - _____ - _____

Signature of the Applicant: _____
Please print the above signature: _____
Date: _____ - _____ - _____

Town Office Section:

Building Construction Classification: _____
Building ‘Occupancy or Use Proposed: _____
Existing Occupancy or Use: _____
Zoning District for property: _____

Building Permit Number: # _____

Project location: _____

Building Inspector Signature: _____
Floyd D. Kofahl

Floyd D. Kofahl – Code Enforcement Officer
Town of Geneva, 3750 County Road 6, Geneva New York 14456
Email Address: codeenforcement1@townofgeneva.com
Phone #: 1-315-789-3922
Fax #: 1-315-789-7753