



11 Brook Street Ext.  
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## TOWN OF BOLTON SEWER DEPARTMENT

### APPLICATION FOR SEWER SERVICE

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map #: \_\_\_\_\_

Request:    New Service             Repair             Replacement

Size of Tap: \_\_\_\_\_

Project Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Project Plumber/Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Property Owner/ Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Engineer Plans Submitted:    Yes             No             Date: \_\_\_\_\_

Engineer Plans Approved:    Yes             No             Date: \_\_\_\_\_

Permit to Proceed: Approved: \_\_\_\_ Denied: \_\_\_\_

Wastewater Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date of Inspection: \_\_\_\_\_

Wastewater Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_