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# SEPTIC SYSTEM PERMIT APPLICATION

*****Office Use Only*****
Date Submitted: _____
Permit No.: _____
Date Issued: _____

DATE: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

TAX MAP #: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

## DWELLING

NUMBER OF BEDROOMS: \_\_\_\_\_ NUMBER OF BATHROOMS: \_\_\_\_\_

## SEPTIC TANK

TANK SIZE:  500 GALLON     1000 GALLON     1250 GALLON     1500 GALLON

TANK CONSTRUCTION:  CONCRETE     METAL     PLASTIC     OTHER

DESCRIBE: \_\_\_\_\_

**LEACH FIELD**

SIZE: \_\_\_\_\_ feet x \_\_\_\_\_ feet

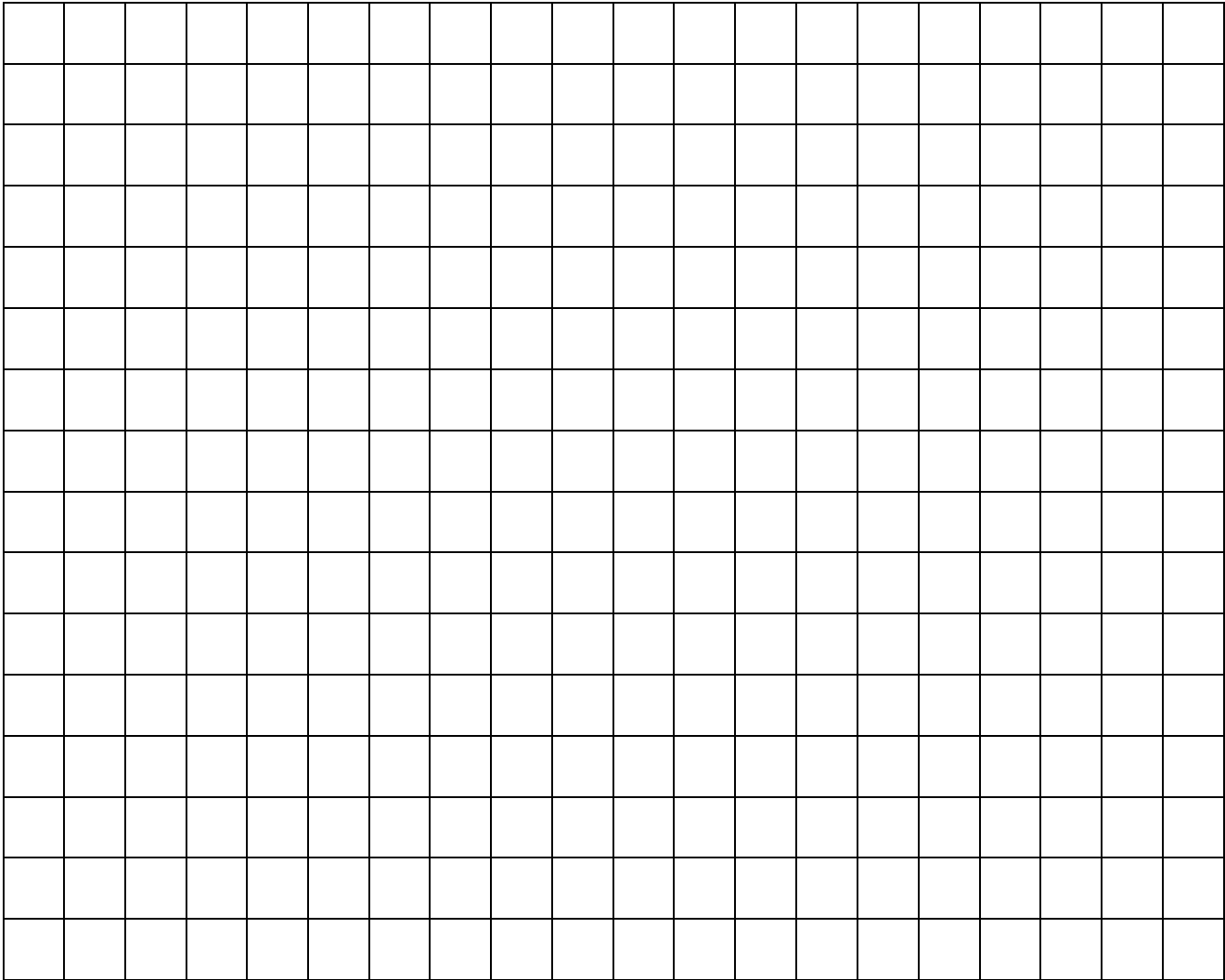
NUMBER OF BRANCHES: \_\_\_\_\_

TYPE FILL USING: \_\_\_\_\_

INFILTRATOR SYSTEM?  YES  NO

RESULTS OF PERK TEST: \_\_\_\_\_

**PLOT PLAN:** Indicate location of structures, septic tank, leach field, property lines, well and distances.



SIGNED: \_\_\_\_\_  
(Owner, Agent, Contractor)

DATE: \_\_\_\_\_