

TOWN OF LAGRANGE
120 Stringham Road, LaGrangeville 12540;
(845) 452-8562
Dutchess County, NY

APPLICATION FOR NON-RESIDENTIAL SEWER SERVICE CONNECTION

NO: _____

IDENTIFICATION OF APPLICANT

APPLICANT NAME _____ PHONE _____

NAME OF BUSINESS (If applicable) _____ E MAIL _____

MAILING ADDRESS _____

CONTACT PERSON (for this project) _____ PHONE _____

E MAIL _____

OWNER OF RECORD (if other than applicant: written consent of owner is required)

NAME _____ PHONE _____

ADDRESS _____ E MAIL _____

NAME OF CONTRACTOR _____

IDENTIFICATION OF PROPERTY

TAX MAP GRID NUMBER _____

LOCATION (ADDRESS) _____

SUBDIVISION NAME _____ SUB. LOT NO. _____

The proposed work is to connect the above property to the municipal sewer district.

The undersigned agrees and understands and is familiar with the laws of the State of New York and the local laws of the Town of LaGrange with respect to the construction and use of public sewer. Applicant agrees to display permanently at the location, the permit herein applied for, if and when the same is issued, and to notify the Building Inspector or the Town official having jurisdiction as to the time when the work is to be done and to certify that the same complies with the local laws with respect thereto. It is understood that no Certificate of Occupancy will be issued to the building which is being connected to the public sewer until such time as the appropriate Town official has inspected the work herein to be done and approved the same in writing by separate written instrument.

SITE PLANS AND CERTIFICATE OF INSURANCE/NOTARIZED WAIVER MUST BE SUBMITTED WITH APPLICATION

Applicant's Signature _____ Date _____

Application fee _____ Received by _____ Receipt # _____ Check # _____

Permit issued this _____ day of _____ Sewer District _____

Sewer Service Trench Inspection: _____ Final Inspection: _____

Approved for Service: _____
Building Inspector