## Please allow 24 hours' notice for inspections 664-9727

NOTE: All permits pertaining to subdivisions or project developers require written approval from the County Health Department before proceeding with construction.

Approved Date: \_\_\_\_

			PERMIT NUMBER	20		
	PERMIT TY	PE: NEW / R	EP / CAP / MHCAP	ACCT #:		
	SYSTEM: OLD / NEW					
	SEWER TYPE: GRAVITY / VACUUM / GRIN					
			FOR DISTRICT U	SE ONLY		
			D CENTER CHAUTAUQU BUILDING SEWER PERM		DISTRICTS	
l, the	e undersigned,			being the ow	rner of the property located at	
		(Owner's Na	ame)			
	(NII		N()	do her	eby request a permit to install	
	(Number) (St		otreet)	•		
and	connect a building	sewer to serve	the		at said location, described as	
	<b>,</b>	7	in the To	wn of	·	
(	Section)	(Block)	(Lot)			
1	The name and addre	ess of the person	or firm who will perform the	proposed work is		
	Three Insurance For	-	<del>-</del>	proposed work is		
		•		Million Dollars) Ch	autauqua County must be listed in the	
			ctly above the Certificate Hole		addadda Coding mast be listed in the	
			m 26.3 Verifying Worker's Co			
	3. <b>EITHER</b> Form DB120.1 <b>OR</b> Form DB155 Verifying NYS Disability.					
					epartment of Insurance, 3 N Erie Street,	
	Mayville, NY 14757	<b>7-1007</b> .				
	The policy dates m					
	The policy dates if	nust be on <u>all th</u>	ree forms and must be cur	rent.		
					ent, an ACORD certificate of liability must	
	If the property owner	er will perform the		mechanized equipm	ent, an ACORD certificate of liability must	
2	If the property owned be submitted with the	er will perform the ne permit applica	e work himself, <b>not utilizing</b> tion showing a limit of liability	mechanized equipm of at least \$300,000.		
2.	If the property owne be submitted with the Plans and specifical	er will perform the ne permit applica tions for the prop	e work himself, <b>not utilizing</b> tition showing a limit of liability	mechanized equipm of at least \$300,000.		
	If the property owner be submitted with the Plans and specifica ACCOMPANIED BY	er will perform the ne permit applica tions for the prop Y A SCHEMATI	e work himself, <b>not utilizing</b> tition showing a limit of liability posed building sewer are atta C DRAWING.	mechanized equipm of at least \$300,000. ched hereto. ALL PE	ERMITS MUST BE	
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NOTE: Inspectors are not available after 2:30 PM weekdays, national holidays or weekends. Exceptions can be made with prior consent of the Director. The excavation may not be backfilled until the inspection has been completed.

(Director - South and Center Chautauqua Lake Sewer Districts)

Signed: \_