

Please allow 24 hours' notice for inspections 664-9727

**GREASE INTERCEPTOR PERMIT APPLICATION**

	PERMIT NUMBER _____ - 20 _____		
SEWER SYSTEM _____	CONTRACT _____	CODE _____	
(gravity, vacuum, grinder)	TR _____	DWG _____	
TYPE (grease, sand, oil, etc. _____)	DEVELOPMENT _____		
interceptors and the like)	FOR DISTRICT USE ONLY		

**SOUTH AND CENTER CHAUTAUQUA LAKE SEWER DISTRICTS**

I, the undersigned, \_\_\_\_\_ being the owner of the property located at \_\_\_\_\_  
(Owner's Name)

\_\_\_\_\_, \_\_\_\_\_ do hereby request a permit to install  
(Number) (Street)

and connect a pre-treatment device to serve the \_\_\_\_\_ at said location, described as

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ in the Town of \_\_\_\_\_.  
(Section) (Block) (Lot)

1. The name and address of the person or firm who will perform the proposed work is \_\_\_\_\_.

Three Insurance Forms Required for a Permit:

- "ACORD" Certificate of Liability (with a limit of at least One Million Dollars). Chautauqua County must be listed in the "Additional Insured" box directly above the Certificate Holder area.
- EITHER** Form 105.2 **OR** Form 26.3 Verifying Worker's Comp Coverage.
- EITHER** Form DB120.1 **OR** Form DB155 Verifying NYS Disability.

The Certificate Holder on **all three forms** must be listed as: **Chautauqua County, Department of Insurance, 3 N Erie Street, Mayville, NY 14757-1007.**

**The policy dates must be on all three forms and must be current.**

If the property owner will perform the work himself, **not utilizing mechanized equipment**, an ACORD certificate of liability must be submitted with the permit application showing a limit of liability of at least \$300,000.

- Plans and specifications for the proposed pre-treatment system are attached hereto. **ALL PERMITS MUST BE ACCOMPANIED BY A SCHEMATIC DRAWING.**
- The undersigned acknowledges receipt of Chautauqua County Local Law 6-94, as amended.
- The permit application must be signed by the owner holding legal title to the property. [Note: A discharge permit may also be required under Article 10 of Chautauqua County Local Law 6-94.] There is **NO** permit fee required for repairs to existing devices.
- Once the pre-treatment system has been installed and tested, the Districts shall inspect the work. The owner shall coordinate notifying the Districts of work schedules and progress.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Applicant)

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

Application approved and permit issued for a period of 90 days from the date of approval in accordance with and subject to Chautauqua County Law 6-94 and all other applicable laws and regulations.

Approved Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Director - South and Center Chautauqua Lake Sewer Districts)

**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.**