

**Town of Highland  
Building Department  
PO Box 397  
Eldred NY 12732  
(845) 557-8203 or Fax (845) 557-0257**

**APPLICATION FOR SEPTIC SYSTEM  
(To be built or altered)**

**Permit No.** \_\_\_\_\_  
Residential Septic Permit

**\*\*Non- residential Septic Permits \$125.00 plus CofC**

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

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

Location of Septic: \_\_\_\_\_

Tax Map No.: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_

Septic Tank Capacity: \_\_\_\_\_

Length of Absorption Field: \_\_\_\_\_

Percolation Rate: \_\_\_\_\_

Note: A septic system design must be submitted with this application.  
No system may be covered until an inspection has been conducted.

**\*\*Subject to engineering and/or consultant costs.**

\_\_\_\_\_  
Date Applicant or Agent

\_\_\_\_\_  
Date Code Enforcement Officer Approval

*On completion of project, a letter from the Engineer stating that the Septic System has been installed as per plans must be presented before a Certificate of Compliance is issued.*