

**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. S-_____
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.