



Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2260
Fax: 371-0304
Building Department

**SEWER/SEPTIC
PERMIT
Application**

Permit #: _____

Application Date: _____

Fee: _____

Permit Type: Sewer ☐ Septic ☐
Residential ☐ Commercial ☐

Address/Location: _____ Development: _____

Property Owner:

Name (PRINT): _____

Address: _____

Telephone #: _____ Email: _____ D.O.B.: _____

(Property Owner)

Contractor/Builder:

Name (Print): _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Insurance Carrier: _____

Workers Comp (C105.2 Form): Date: _____ Liability(Accord 25 Form): Date: _____

County Sewer Sign Off: _____ Septic Drawings Submitted: _____

County Sewer Permit Obtained _____

Applicant Signature: _____ Date: _____

(For Department Use Only)

Action: Approved ☐ Disapproved: ☐ Reason for Disapproval: _____

Signature: _____ Date: _____

☐ Senior Code Enforcement Officer

☐ Code Enforcement Officer

Title: _____