



TOWN OF FISHKILL

807 ROUTE 52
FISHKILL, NEW YORK 12524
PHONE: (845) 831-7800 FAX: (845) 831-6040
WWW.FISHKILL-NY.GOV

APPLICATION FOR RESIDENTIAL SEWER SERVICE

PLEASE NOTE THAT THE OWNER OF THE PROPERTY IS ULTIMATELY RESPONSIBLE FOR THE PAYMENT OF ALL SEWER BILLS.
APPLICANT COMPLETES FRONT OF FORM. REVERSE SIDE IS FOR INTERNAL USE

OWNER INFORMATION:

OWNER NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:
EMAIL:
CELL PHONE: HOME PHONE:

SERVICE ADDRESS AND PROPERTY PURPOSE : contact Water / Sewer Department for parcel ID and Building Department for Zone information if needed

STREET ADDRESS: DESCRIBE PROPERTY PURPOSE:
CITY: STATE: ZIP CODE :
PARCEL ID (SECTION,BLOCK,LOT No.) :
ZONING CHANGE DESIRED? Yes \_\_\_ No \_\_\_
(if zoning change is required contact zoning administrator prior to proceeding)
PRESENTLY ZONED: DESIRE CHANGE TO:

BILLING ADDRESS:

APPLICANT REQUESTS BILLS SENT TO: OWNER ADDRESS SERVICE ADDRESS

IDENTIFY SEWER DISTRICT APPLYING TO : if unknown, contact Water / Sewer Department

DUTCHESS PARK ROMBOUT OTHER

TENANCY : if unknown, contact Water / Sewer Department

PROPERTY LOCATED IN TOWN OF FISHKILL YES NO
IN-DISTRICT OUT OF DISTRICT
NOTE: A BUY-IN FEE & A MAP, PLAN AND REPORT MAY BE REQUIRED TO EXPAND A DISTRICT TO INCLUDE THIS PROPERTY

CAPACITY REQUESTED : contact your engineer for guidance

PRELIMINARY CAPACITY REQUESTED BY APPLICANT : FLOW Gal/Day

NEW OR EXISTING CONSTRUCTION:

NEW CONSTRUCTION EXISTING OR MODIFIED STRUCTURE

WATER METERS contact Water / Sewer Department for assistance

WILL A TOWN AUTHORIZED WATER METER BE USED TO DETERMINE SEWER USAGE FOR BILLING PURPOSES?
YES NO

SIGNATURE OF OWNER OR AGENT : application will not be accepted without a signature

OWNER Print: Sign: DATE:
AGENT Print: Sign: DATE:

PLEASE SUBMIT COMPLETED FORM TO TOWN HALL, OR SCAN AND EMAIL TO: STetro@FISHKILL-NY.GOV

OFFICE USE ONLY
ACCOUNT #:
# OF UNITS # OF METERS DISTRICT / BILLING CODE: NEW ACCOUNT CHANGE OF OWNER
FINAL CAPACITY APPROVED BY TOWN: SEWER DEMAND Gal/Day
NOTE: SERVICE FOR A NEW ACCOUNT WILL NOT BE ACTIVATED UNTIL: CUSTOMER'S SERVICE LINE AND METER INSTALLATION HAVE BEEN INSPECTED AND APPROVED; ALL CHARGES OF OUTSTANDING BALANCES ARE ACCEPTED AND PAID; COMPLETED APPLICATION IS SUBMITTED AND SIGNED; AND ALL BACKFLOW PREVENTION REQUIREMENTS AND VIOLATIONS ARE ADDRESSED.

## TOWN OF FISHKILL INTERNAL REVIEW

<b>NEW CONSTRUCTION REQUIRES APPROVAL</b>  BUILDING DEPT <input type="checkbox"/> PLANNING DEPT <input type="checkbox"/>	<b>EXISTING STRUCTURE REQUIRES APPROVAL</b>  BUILDING DEPT <input type="checkbox"/>  TOWN BOARD <input type="checkbox"/>	<b>STRUCTURE MODIFICATION REQUIRES APPROVAL</b>  BUILDING DEPT <input type="checkbox"/> PLANNING DEPT <input type="checkbox"/>
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FEE REQUIREMENTS						
ESCROW <input type="checkbox"/>	BUY-IN <input type="checkbox"/>	BUILDING PERMIT <input type="checkbox"/>	INSPECTION <input type="checkbox"/>	ROAD OPENING <input type="checkbox"/>		<input type="checkbox"/> DISTRICT EXPANSION

WATER/SEWER SYSTEM OPERATOR COMMENTS:

COMPTROLLER'S OFFICE:		
<i><u>In District</u></i>	<i><u>Out of District</u></i>	<i><u>Expanding District</u></i>
Min. usage requirement: _____	Min. usage requirement: _____	Map, Plan & Report Approx. Cost: _____
Min. usage requirement: _____	Min. usage requirement: _____	Min. usage requirement: _____
Usage rate \$ _____ dollars per cu-ft annually adjusted	Buy-In Fee \$ _____ one time Reduction Fee \$ _____ adjusted	Usage Rate \$ _____ dollars per cu-ft annually adjusted
Buy-In Fee \$ _____ one time	Approx. Annual Tax Levy \$ _____ annually adjusted	Usage Rate \$ _____ dollars per cu-ft annually adjusted
NOTE: one cu-ft water = 7.48 gallons      one gallon water = 0.133681 cu-ft		

TOWN ENGINEER'S COMMENTS

SIGNATURES REQUIRED				
<i>PERMISSION GRANTED &amp; APPLICATION ACCEPTED BY:</i>		DATE	RECEIVED \$	CHECK #
WATER / SEWER SYSTEM OPERATOR _____				
WATER / SEWER DEPARTMENT _____				
TOWN BOARD _____				
BUILDING/PLANNING/ZONING DEPT _____				

BUILDING INSPECTOR NOTIFIED WATER DEPARTMENT THAT SEWER LINE WAS CONNECTED AND INSPECTED <input type="checkbox"/> COMPLETE _____ DATE
AS-BUILT DRAWINGS WERE SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO

LINE SIZE:	LINE LENGTH:	MATERIAL:	INSTALL DATE:

WATER / SEWER DEPARTMENT COMMENTS:

CUSTOMER ACCOUNT CREATED <input type="checkbox"/>
ACCOUNT # _____ ASSOCIATED WATER METER SERIAL # _____
ENTERED INTO DATABASE: Date: _____ By: _____