

Please allow 24 hours' notice for inspections (716) 664-9727

FOR DISTRICT USE ONLY	PERMIT NUMBER _____	PT - 20__
SEWER TYPE: GRAVITY / VACUUM / GRINDER	ACCT #:	_____
INTERCEPTOR TYPE: GREASE / SAND / OIL / OTHER	WO #:	_____
	PROP CODE:	_____

SOUTH AND CENTER CHAUTAUQUA LAKE SEWER DISTRICTS GREASE INTERCEPTOR PERMIT APPLICATION

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 _____.

Please list all subcontractors that will be performing work _____

Three Insurance Forms Required for a Permit:

1. "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.
2. **EITHER** Form 105.2 **OR** Form 26.3 Verifying Worker's Comp Coverage.
3. **EITHER** Form DB120.1 **OR** Form DB155 Verifying NYS Disability.

The Certificate Holder on all three forms must be listed as: **Chautauqua County, 3 N Erie St, 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.

2. Plans and specifications for the proposed pre-treatment system are attached hereto. **ALL PERMITS MUST BE ACCOMPANIED BY A SCHEMATIC DRAWING.**
3. The undersigned acknowledges receipt of Chautauqua County Local Law 2-25, as amended.
4. 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 2-25.] There is **NO** permit fee required for repairs to existing devices.
5. 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)

Contractor's Phone #: _____

Print Name: _____

Property Owner's Phone #: _____

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 2-25 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.