



Village of Colonie

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Water
Department

DISCONNECT – INSPECTION ONLY **SANITARY SEWER PERMIT APPLICATION**

1. PROPERTY OWNER: _____
2. OWNER'S ADDRESS: _____
3. PROPERTY LOCATION: _____
4. INTENDED USE & OCCUPANCY: _____
5. FIXTURES TO BE CONNECTED TO BUILDING SEWER:

NUMBER	FIXTURE	NUMBER	FIXTURE
_____	Kitchen Sinks	_____	Water Closets
_____	Lavatories	_____	Bath Tubs
_____	Laundry Tubs	_____	Showers
_____	Urinals	_____	Garbage Grinders

Grease Interceptor (specify size and location); _____

6. MAXIMUM NUMBER OF PERSONS USING FIXTURES: _____
7. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING PROPOSED WORK: _____

SIGNATURE OF APPLICANT: _____ TEL # _____
OWNER

_____ TEL # _____
CONTRACTOR

DATE: _____ APPROVED: _____
VILLAGE REPRESENTATIVE

APPLICANT IS RESPONSIBLE FOR CONTACTING "DIG SAFELY NY" 48 HOURS BEFORE ANY DIGGING – 1-800-962-7962. APPLICANT IS RESPONSIBLE FOR ANY AND ALL DAMAGE TO UTILITIES IF "DIG SAFELY" IS NOT CONTACTED.