



CITY OF GLEN COVE

Building Department

APPLICATION FOR RESIDENTIAL

SANITARY / WASTEWATER DISPOSAL

All information must be complete to initiate the processing of the application. Application to filled out in TRIPLICATE with all plans, specifications and locations of ALL systems and dwellings on Plan. All plans bearing the approval of the Building Department and Department of Public Works to be kept on site. (SPDES applications required for NYSDEC if Design Flow exceeds 1000 gpd)

Date _____

Property Information

Street Address: _____

Section _____ Block _____ Lot _____ Zone _____ Occupied _____

Property Owner

Name: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Tel _____

Contractor

Name: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Numbers: Home: _____ Mobile: _____

Engineer

Name: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Numbers: Home: _____ Mobile: _____

Application is for a permit to construct sanitary disposal units as shown below:

- a. Residence: No.# of Bathrooms _____
- No.# of Fixtures _____ (TOTAL)
- No.# of Bedrooms _____

System Information: (mark all that apply)

- Septic Tank w/ Absorption Trenches Septic Tank w/ Absorption Bed Septic Tank w/ Seepage Pit (drywell)
- Septic Tank w/ Sand Filter (discharge to surface YES NO) Seepage Pit (drywell) w/o Septic Tank
- Holding Tank Privy Commercial System Composting Toilet Unknown

b. Septic Tank: Precast: YES _____ NO _____
 4500 p.s.i. cast in place of R.C. YES _____ NO _____
 Capacity _____ gallons

Alternatives:

c. Leeching Pool: No.# of Units _____
 Block _____ Precast _____

d. Tile Field: Area _____*SF* Length of Tile _____*LF*

Design Basis:

- a. Give Total Depth of Excavation: _____ (*see requirements page*)
- b. Design Flow (gpd): _____ Design Percolations Rate (min): _____
- c. Deep Test Pit Results:

Presence of:	<input type="checkbox"/> Mottling	Depth (ft.) _____
	<input type="checkbox"/> Groundwater	Depth (ft.) _____
	<input type="checkbox"/> Bedrock	Depth (ft.) _____
	<input type="checkbox"/> Impermeable Material	Depth (ft.) _____

General Soil Description: _____

Dosed Systems: Volume of Dist. System: _____ Volume of Dose: _____
 Pumped Systems: Volume of Dist. System: _____ Volume of Dose: _____
 Static Head: _____ TDH: _____ GPM: _____

SUBMITTAL REQUIREMENTS:

1. Two (2) sets of plans signed and stamped by the NYS Design Professional
2. Site plan detailing the location of all existing structures as well as existing and proposed onsite wastewater treatment system components (with adequate offsets to the septic tank, distribution box and any pump tanks as per NYS regulations), deep test hole, percolation tests, any new or existing private wells within 200 feet of the proposed sewer system, utilities, water service, driveway, pools, sheds, road right-of-ways and easements, property lines, wetlands, ponds, drainage ways, streams, floodplains, and any other significant construction or obstructions which may impact the location of the wastewater treatment system.
3. Show all required separation distances.
4. Show all specifications and details for all system components such as septic tanks, distribution boxes, pump tanks, etc... All pipe sizes and slopes must be shown.
5. Show pump on/off and alarm levels on pump tank detail.
6. Indicate slope and drainage patterns or contours at site of proposed system. Indicate methods of diverting surface run-off away from onsite wastewater treatment system.
7. Include specifications and testing requirements for compacted fill
8. Include a table of listing the finished elevations for each component of the onsite wastewater treatment system.

Construction Inspection:

1. A Design Professional must certify the construction of all systems, the sand receipts or percolation test results for fill systems.
2. Record (as-built) drawings must be submitted for any project with modifications or offsets that vary greater than three feet from the approved plans.

3) Owner's Affirmation

I _____ hereby apply to the City of Glen Cove Building Department for a
owner's name

Certificate of Existing Use. I certify that, to the best of my knowledge, the subject building was constructed prior to 1953, and I have provided supporting evidence with this application. Should it be determined by the Director of the Building Department that the existing use does not conform with the provisions of the City of Glen Cove's Codes and Ordinances applicable at the time of this filing, I shall comply with the provisions of Chapter 111 and Chapter 280 and all other provisions of the City of Glen Cove's Codes and Ordinances. Should it be determined by the Director of the Building Department that the existing configuration is not supported by the evidence provided with this application as having been constructed prior to 1953, I shall prepare applications to maintain the structure(s) on the property as they exist in their current configuration.

State of New York }
County of Nassau }

_____, deposes and says that he / she resides at
print owner's name

_____ in the State of _____ mailing
address of owner

that he / she is the owner in fee of all certain lots, parcels of land shown on the attached survey located above, situated, lying and being within the City of Glen Cove; that I / We have read and understand the Owner's Affirmation as herein stated; And that he / she hereby names _____ as his / her representative to file this application on his / her behalf.

Signature of Owner: _____

Sworn to me this _____ day of _____, 20_____

Signature of Notary Public: _____

APPROVED **DENIED**

Building Department: _____ Date: _____

APPROVED **DENIED**

Department of Public Works: _____ Date: _____