

**TOWN OF PULTENEY WATER DEPARTMENT**

P.O. Box 165 Pulteney, NY 14874  
(607) 868-3808 Office (607) 868-5718 Fax  
**MUNICIPAL WATER PERMIT APPLICATION**

Permit # \_\_\_\_\_ Issued \_\_\_\_\_ Fee **\$350.00**  
Expires 90 Days from Date issued

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail address (if available) \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing address \_\_\_\_\_ Zip \_\_\_\_\_

Contractors Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Contractors Address \_\_\_\_\_

Contractors Insurance Carrier Information File:

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Project Location \_\_\_\_\_ Parcel Tax # \_\_\_\_\_ Water District #1

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- INSPECTIONS REQUIRED:**
- Trench Depth
  - Line Specification (See NEXT page)
  - Tracer Wire
  - Verified No Cross-Connection
  - Photo on File
  - Other (explain below)

Other: \_\_\_\_\_

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**All work will comply with the New York State Building Code;**

The Water Department Inspector is to be notified when:

1. Starting construction
2. BEFORE back filling
3. Plumbing and Installation is complete

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I certify that the statements and information herein contained are true to the best of my knowledge and belief and the proposed construction and use will comply with all applicable regulations.

I have reviewed and understand the current rules and regulations of the Water District including the current water rates and years fee schedule.

I also grant permission for the Water Department, Zoning Officer and Code Enforcement/Watershed Officer and or their agents to enter the property and structures thereon as frequently as necessary to inspect same for compliance.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

