



Town of Walkill Water & Sewer Department

Rob Waligroski
Superintendent Water & Sewer Dept
(845)342-1668

Sewer Lateral Repair Permit

Permit Number _____ Section _____ Block _____ Lot _____

The applicant hereby applies for a permit to make a water lateral repair at the property located at:

In the water District and agrees to comply with all applicable ordinances, local laws, rules and regulations.

Property Owner's Name _____ Cell # _____

Address _____ Email address _____

Contractor's Name _____ Cell # _____

Address _____ Email address _____

**** ALL REPAIRS MUST BE MADE WITH SDR35 PIPE AND PUSH ON FITTINGS ONLY ALLOWED (NO GLUED FITTINGS) ****

PERMIT FEE:\$65

Signature of Applicant Date

COMPLETION CERTIFICATION

I, _____, do hereby certify that the repair to the Sewer Lateral, pursuant to
(Property Owner or Contractor)
above application and permit, was completed on _____ and is in accordance with the specifications
(Date)
and regulations of the Town of Walkill Local Codes.

Dated: _____
(Property Owner or Contractor)

Completion Approved: _____
Town Of Walkill

*****ALL SEWER LATERAL REPAIRS MUST BE INSPECTED BY WATER & SEWER DEPT. PRIOR TO BACKFILLING
PLEASE CONTACT (845)342-1668 FOR INSPECTION*****

OFFICE USE ONLY

Permit is hereby granted for making Sewer Lateral Repairs in accordance with the above Application

Fee \$ _____

Water Districts _____

Street Open Application Yes No
Circle One

Paid (Y / N) _____

Units _____

Date email to W&S Dept. _____

Application # _____ Section _____ Block _____ Lot _____

**TOWN OF WALLKILL
COUNTY OF ORANGE
OFFICE OF THE BUILDING INSPECTOR**

AFFIDAVIT OF PROPERTY OWNER

Premises _____

_____ Being duly sworn, deposes and says that he/she is
(Name of Property Owner as per recorded deed)

the owner above named.

He/She is the **OWNER** and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in the plans and specification filed therewith.

Deponent alleges that 1) the provisions of the Worker's Compensation Law does not apply in this case in that he/she will do all required work on the premises and will imply no labor thereat, OR 2) owner alleges that contractor performing work, will provide required NYS Worker's Compensation Insurance wherefore, deponent requests approval of said plan and application and issuance of a PERMIT to commence work.

Signed _____
(Signature of Property Owner)

Printed name and title

Sworn to before me this

_____ day of _____ 20_____

Notary Public

Residential property owner affidavit