



ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT (DSM)

SEWER PERMIT APPLICATION

erie.gov/sewerpermit

NORTHERN REGION (DIST. 1, 4, 5) • 716-684-1234
3789 WALDEN AVE • LANCASTER, NY 14086

CENTRAL REGION (DIST. 3, 6, 8) • 716-823-8188
3690 LAKESHORE RD • BUFFALO, NY 14219
CRPERMITS@ERIE.GOV

SOUTHERN REGION (DIST. 2) • 716-549-3161
8443 LAKE SHORE RD • ANGOLA, NY 14006

Building Type: Check One

- Single Residential
- Multiple Residential
- Duplex
- Non-Residential*

Permit Type: Check One

- New Connection
- New Construction
- Repair
- Renewal
- Disconnect:
Demolish - Yes or No

Construction Details: Check All That Apply

- Basement: Yes No
- Sump Pump: Yes No
- Construction Type: New Existing
- Year of Construction: _____
- Plumbing Type: Hung Under-the-Floor

***Note:** Prior to issuing a new **Non-Residential** sanitary sewer permit, it is **REQUIRED** that the following be submitted to and approved by our Downtown Engineering Office:

1) Completed 'Industrial Waste/Survey/Discharge Permit' application; 2) Site plans, floor plans, detail sheet; 3) Water use flow diagram

Please mail the required documents to: *Erie County DSM, Attn: Matt A. Salah, P.E., Sr. Coordinator of Sewer Construction Projects, 95 Franklin Street, Room 1036, Buffalo, NY 14202. Questions can be directed to Matt.Salah@erie.gov*

Building Address: _____

Municipality: _____ **Zip:** _____ **SBL:** _____

SBL is necessary for all permits. This can be obtained from the Local Assessors Office or the Property Tax Bill.

If Applicable: Lateral Rehab Program & Project: _____ **OR**

Subdivision: _____ **Sublot:** _____ **Sewer Installed by:** _____

Notes: 1) NYS Law requires proof of Worker's Compensation Insurance in the Name of the Permit Applicant.

2) Some Municipalities require a Plumber's License & Local Permit.

3) Any work within a Highway Right-of-Way (ROW) requires a separate permit from that entity.

Please check one: NYS DOT Erie County Local Municipality (City/Town/Village)

<u>Applicant Information: Please Print</u>	<u>Owner Information (if not the applicant)</u>
Name: _____	Name: _____
Address: _____	Phone Number: _____
Phone Number: _____	Email: _____

SIGN HERE → Applicant's Signature: _____ **Date:** _____

Note: All checks are to be made out to ERIE COUNTY COMPTROLLER

Checks/Money Orders & completed applications should be mailed to the Regional Office (Addresses above). Call for credit card processing. If current Proof of Workers Compensation Insurance is not on file, please include with Application.

For Office Use Only:

Amount Due:	<input type="checkbox"/> \$2.00	<input type="checkbox"/> \$702.00	<input type="checkbox"/> Other: \$ _____
Payment Type:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order # _____
	<input type="checkbox"/> Credit Card: Reference # _____ Last 4 Digits _____ Conv. Fee \$ _____		