



# 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  
NRPERMITS@ERIE.GOV

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  
SRPERMITS@ERIE.GOV

<u>Building Type: Check One</u>	<u>Permit Type: Check One</u>	<u>Construction Details: Check All That Apply</u>	
Single Residential	New Connection	Basement:	Yes No
Multiple Residential	New Construction	Sump Pump:	Yes No
Duplex	Repair	Construction Type:	New Existing
Non-Residential*	Renewal	Year of Construction	_____
	Disconnect:	Plumbing Type:	Hung Under-the-Floor
	Demolish - Yes or No		

**\*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: Christopher Fiume, Coordinator of Sewer Construction Projects, 95 Franklin Street, Room 1034, Buffalo, NY 14202. Questions can be directed to Christopher.Fiume@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:	\$2.00	\$702.00	Other: \$ _____
Payment Type:	Cash	Check # _____	Money Order # _____
	Credit Card: Reference # _____ Last 4 Digits _____ Conv. Fee \$ _____		