



WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

Physical Address: 1153 Burgoyne Ave.
Fort Edward, NY 12828
Mailing Address: 383 Broadway
Fort Edward, NY 12828
Phone: (518) 746-2150

SEWAGE DISPOSAL SYSTEM APPLICATION

THIS IS A NON-REFUNDABLE APPLICATION FEE.
INCOMPLETE APPLICATIONS MAYBE CANCELLED 6 MONTHS AFTER INITIAL REVIEW.
PLEASE ALLOW TWO TO FOUR WEEKS FOR PROCESSING AND REVIEW.

To avoid any delays in the processing of the application and issuance of the Sewage Disposal Permit, read all the following instructions and attached information carefully.

BEFORE SUBMITTING YOUR APPLICATION,
MAKE SURE YOU COMPLY WITH THE FOLLOWING:

- Plans shall bear the seal and signature of a New York State licensed design professional.
- Sewage disposal system shall be designed to comply with the county wide sanitary code (Local Law NO. 1 as amended March 17, 1989)
- Adirondack Park Agency (APA) and Lake George Park Commission (LGPC) approvals shall be obtained as required by the management entities.(It is the responsibility of property owner to obtain approvals.)
- Print in ink and answer all applicable questions.
- Attach **TWO** copies of your plans and **ONE** application.
- Enclose the fee of \$100.00. Make check payable to the **Washington County Treasurer**. This is a non-refundable application fee.
- Insurance Requirements: **ACORD FORMS ARE NOT ACCEPTABLE PROOF OF COVERAGE**
Certificate of Workers Compensation Form C-105.2 or U-26.3 **AND**
Certificate of Disability Insurance Form DB-120.1 or DB-155
OR
Exemption of Workers Compensation and Disability Benefits Insurance Coverage: Form CE-200
- The **APPLICANT** has signed and dated the application.
- The **DESIGN PROFESSIONAL** has signed, dated and stamped the application.

- Electrical inspections are to be performed by a third party inspector.
- Construction of the proposed system shall not commence prior to permit issuance.
- Any deviation from the approved plan(s) must be authorized by the Code Enforcement Office and licensed design professional prior to installation and inspection. Failure to do this may result in significant delays.
- Stamped record drawing of the system shall be submitted to the Building Department.

Send all documents and applications to:
Washington County
Department of Code Enforcement
383 Broadway
Fort Edward, NY 12828

Certificate of Attestation of Exemption



Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to [step 4](#) to set up your account. If you **have** a NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is a NY.gov Individual account, select **Continue**.
 - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
 - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
 - Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
 - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
 - Select **Apply as a Business, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, **or**
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.



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SEWAGE DISPOSAL SYSTEM APPLICATION

FOR OFFICE USE ONLY
APPLICATION NO.
DATE RECEIVED:
DATE EXAMINED:
AMOUNT OF FEE RECEIVED:
APPROVED
DISAPPROVED
PERMIT NO.
REASONS:
EXAMINED BY

Project Location:
STREET / ADDRESS
TOWN VILLAGE
TAX MAP SECTION BLOCK LOT

APPLICANT IS: OWNER ARCHITECT/ENGINEER BUILDER/CONTRACTOR OTHER:

APPLICANT:
NAME:
MAILING ADDRESS:
HOME / OFFICE PHONE #:
CELL PHONE #:
EMAIL:

OWNER (IF DIFFERENT THAN APPLICANT):
NAME:
MAILING ADDRESS:
HOME PHONE #:
CELL PHONE #:
EMAIL:

IF OWNER / APPLICANT IS A CORPORATION GIVE THE NAME AND TITLE OF TWO OFFICERS:
Name: Title:
Name: Title:

Table with columns: OCCUPANCY, STRUCTURE, CHECK APPROPRIATE BOX(ES), DESCRIBE, GROUP. Rows include SINGLE FAMILY HOME, ONE-FAMILY DWELLING, TWO-FAMILY DWELLING, etc.

NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY)
CONSTRUCTION OF A NEW DISPOSAL SYSTEM
REPAIR OR REPLACEMENT OF AN EXISTING DISPOSAL SYSTEM
ALTERATION OF AN EXISTING DISPOSAL SYSTEM
OTHER (DESCRIBE)
DESCRIBE WORK & ESTIMATED COST (EXCLUSIVE OF LAND)

Table with columns: ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS; CHECK IF OWNER BUILT; NAME; PHASE OF WORK; PHONE; EMAIL.



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Plans submitted shall include the following information:

- A. Title box indicating owner and location of property, mailing address of owner, name and address of Designer of the proposed system, date of drawing, any revisions made, and scale of drawing.
- B. Design criteria to include number of bedrooms, soil percolation rate, application rate, etc.
- C. Plans shall be drawn to scale. Site location, north arrow, plot plan
- D. House location, location of driveways, garages, swimming pools, or any other structures. Location of discharge points for gutters, footing drains, storm and curtain drains.
- E. Location of well or public water main and house connection. Location of all wells and sewage disposal systems within 200 feet of the proposed system
- F. Location of any water courses, ponds, lakes, wetlands, etc., on or within 100 feet of the property lines.
- G. Location of all deep test holes and percolation test holes. A minimum of one (1) deep test hole and two (2) percolation tests holes.
- H. Site specific sewage disposal system, site specific cross sections of the Sewage Disposal System & site specific construction details of all system components shall be shown on plans.
- I. Two (2) foot contours of the property. If ground is to be cut or filled, both existing and proposed contours must be shown.

APPLICATION is hereby made to the WASHINGTON COUNTY DEPARTMENT OF CODE ENFORCEMENT for the issuance of a sewage disposal permit pursuant to the provisions of WASHINGTON COUNTY SANITARY CODE, LOCAL LAW #1 1988 as Amended March 17, 1989. The applicant agrees to comply with all applicable provisions of said law as well as all applicable local, county or state laws and/or ordinances; and swears/attests that all statements contained in this application are true to the best of his/her knowledge and belief.

Applicant's Signature

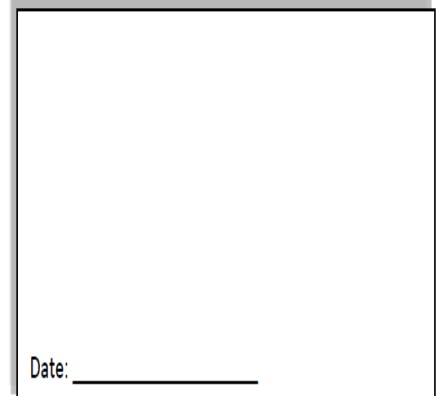
Date

Print Name

As per the New York State Education Department guidelines, I understand that "the seal and signature of a licensee on a document indicates that the licensee takes professional responsibility for the work and to the best of the licensee's knowledge and ability, the work represented in the document is accurate, in conformance with applicable codes at the time of submission and has been prepared in conformance with normal and customary standards of practice and with a view to the safeguarding of life, health, property and public welfare."

Design Professional's Signature

Print Name



Date: _____

Seal of Design Professional

Project Location