

Water and Sewer Connections

PERMIT PROCESS

- Permit application for Sewer or Water Connection is to be completed and submitted.
- Town Highway, or County or, State permits to work in right of way if required.
- Site plan showing location and type of all piping and connections to be used.
- All connections shall meet Water and Sewer Districts Requirements.

INSPECTION PROESS

All connections will be approved by Department of Public Works or designee prior to backfilling.

In addition, any required inspections that are by passed may require re-excavation of the area so that the proper inspection can be performed.

Any questions concerning the above, please feel free to contact Department of Public Works at 355-7575, Ext 395.

The Applicant is responsible for the following:

- Contact Underground Facilities Protection (1-800-962-7962)
 - All excavations and restorations
 - Directional Boring when required

FEES

Water service permit: \$ 35.00

Water service tap fees:

1. Same side of street tap
\$1,100.00 plus \$4.00/ft.
2. Opposite side of street tap
\$1,500.00 plus \$4.00/ft.
3. Contractor certified installation
(greater than 1") \$1650.00

**Sewer lateral inspection
(building to sewer):** \$ 35.00

Sewer connections:

1. New connection or change of use inside the district or extensions:
 - per dwelling unit \$500.00
 - commercial use \$1,000.00
2. New connection or change of use outside the district or extensions:
 - for three (3) bedrooms or less \$750.00
 - per bedroom over three (3) bedrooms \$250.00
 - commercial use up to 5,000 sq ft \$1,000.00
 - for each additional 1,000 sq ft \$250.00
3. Apartments/Condominiums:
 - First 1-100 units per dwelling \$750.00
 - 101 units or more per dwelling \$500.00

NYS WCB WC/DB100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 Fax# (518) 473-9166	NYS WCB WC/DB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-8464	NYS WCB WC/DB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642	NYS WCB WC/DB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211-0645 Fax# (716) 842-2155	NYS WCB WC/DB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WC/DB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WC/DB100/101 215 W. 125th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183	NYS WCB WC/DB100/101 41 North Division St. PEEKSKILL 10566 (866) 746-0552 Fax# (914) 788-5793	NYS WCB WC/DB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373 Fax# (718) 291-7248	NYS WCB WC/DB100/101 130 Main St. ROCHESTER 14614 (866) 211-0644 Fax# (585) 238-8341	NYS WCB WC/DB100/101 935 James St. SYRACUSE 13203 (866) 802-3730 Fax# (315) 423-2938
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Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

(Please contact an attorney if you have any questions regarding this form.)

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Affidavit **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show either other businesses or those businesses' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form.

Incomplete forms will be returned, UNSTAMPED.

Please note: This statement **must FIRST be notarized** and THEN sent to be **stamped** as received by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year after the date stamped as received by the Workers' Compensation Board.

UPON RECEIPT OF A FULLY COMPLETED FORM WC/DB-100, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax **within 5 business days**. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

In the Application of (Business Name and Address)

for a _____ permit/license/contract

State of _____)
) ss.:
County of _____)

▶ 1. _____ (applicant's name) being duly sworn, deposes and says:

1a) I am the _____ (position) with the above-named business, a/an _____ (nature of business—e.g., building contractor, occupational therapist, food cart vendor, etc). The telephone number of the business is (_____) _____. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is _____ and my home telephone number is (_____) _____.

3. That the above named business is applying for a _____ (type of permit/ license/contract applying for) from _____ (governmental entity issuing the permit/ license/contract).

3a){Optional -- Location of where work will be performed in New York State _____ from _____ to _____ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is _____ }

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a. through 4i.):

4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

- 4b.) the business is a LLC, LLP, PLLC, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of all the partners/members names and also with the signatures of all the partners/members – Limited Partnerships must ONLY list General Partners.)*
- 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)*
- 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services including subcontractors.
- 4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.
- 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors.
- 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.
- 4i.) the out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York *(Applicant **MUST** attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit).*

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

- 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- 5c.) the applicant is a nonprofit with NO compensated individuals providing services; or is a religious, charitable or educational nonprofit with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- 5d.) the business is a farm and all employees are farm laborers.
- 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

6. By signing my name below, I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form

(Applicant's Signature -- first and last name)

Sworn to before me this _____

Day of _____, 20__

 Notary Public



NYS Workers' Compensation Board Received Stamp



Town of Rotterdam
Department of Public Works

LETTER OF AUTHORIZATION FOR PERMIT AND ZONING APPLICATION

To Whom It May Concern:

I, _____, as owner of the property located
(print name)

at _____, Town of Rotterdam, in the

State of New York, hereby designate _____
(name)

(city, state, zip, and phone number)

**as my contractor and registered agent for the purposes of the applying
for Permits and Zoning representation regarding my building project.**

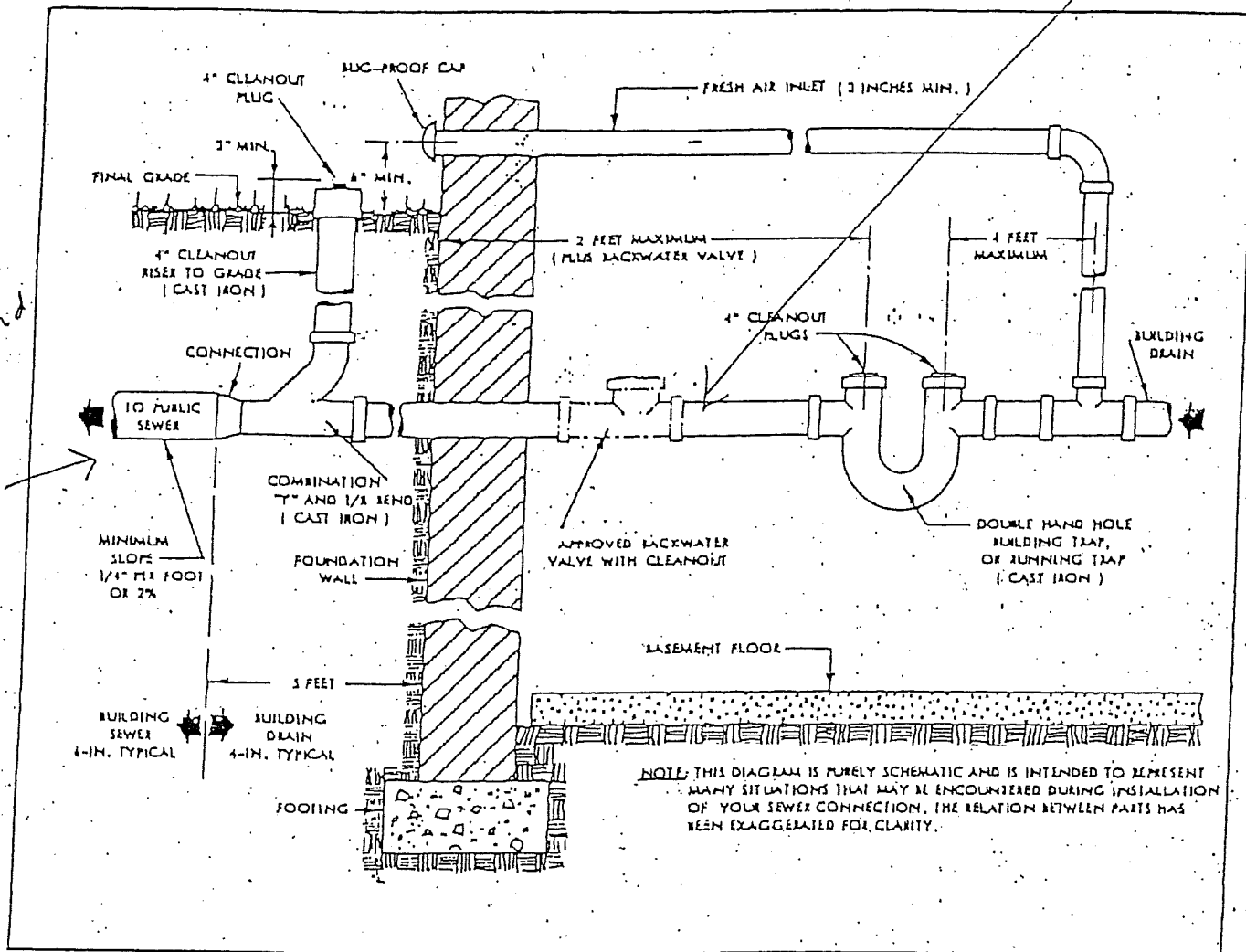
Signature: _____

Date: _____

letter of authorization for permit and zoning application.doc

Schedule 40

FIGURE 1 - TYPICAL BUILDING DRAIN LAYOUT



Amend
SE35

2.2 BUILDING DRAIN

- A. Figure 1 illustrates the requirements for a typical building drain. The building drain is defined as starting at a point five (5) feet outside the foundation wall and extending into the building.
- B. All building drains shall include: 1) a 4-inch cleanout to a point at least three (3) inches above final grade located outside the foundation wall; 2) a double hand hole building trap (or running trap) installed inside the foundation wall; and 3) a 3-inch fresh air inlet to the outside.

**TOWN OF ROTTERDAM
518-355-7575 EXT 395**

PERMIT APPLICATION FOR WATER CONNECTION

TO BE COMPLETED BY APPLICANT		DATE:
OWNER INFORMATION Names: _____ Address: _____ Phone: _____ Cell: _____	CONTRACTOR INFORMATION Names: _____ Address: _____ Phone: _____ Contractor Insurance Certificates: Liability Workers Compensation (must accompany application)	
Property Location: _____ Property Address: _____ Proposed Lateral Size & Pipe Type: _____ Residential _____ Commercial _____ Multiple Dwelling _____ Applicant (Sign) _____ Date: _____		
TO BE COMPLETED BY TOWN OF ROTTERDAM		
Water Rent: _____ Permit Fee: _____ Same Side Tap: _____ Opposite Side Tap: _____ Total: _____	Parcel Identification: _____ Road Cut Permit: _____ District No: _____ Approved: _____	

ALL WATER CONNECTIONS NEED TO BE INSPECTED / APPROVED BY THE TOWN PRIOR TO BACKFILLING. YOUR COOPERATION IS GREATLY APPRECIATED.

**TOWN OF ROTTERDAM
518-355-7575 EXT 395**

PERMIT APPLICATION FOR SEWER CONNECTION

TO BE COMPLETED BY APPLICANT

<p>OWNER INFORMATION</p> <p>Names: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Cell: _____</p>	<p>CONTRACTOR INFORMATION</p> <p>Names: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Contractor Insurance Certificates: Liability Workers Compensation (must accompany application)</p>
<p>Property Location: _____</p> <p>Property Address: _____</p> <p>Proposed Lateral Size & Pipe Type: _____</p> <p>Residential _____ Commercial _____ Multiple Dwelling _____</p> <p>Applicant (Sign): _____ Date: _____</p>	
TO BE COMPLETED BY TOWN OF ROTTERDAM	
<p>Fee for Sewer Connection Charge: _____</p> <p>Inspection Fee: _____</p> <p style="text-align: right;">Total: _____</p>	<p>Parcel Identification: _____</p> <p>Road Cut Permit: _____</p> <p>District No: _____</p> <p>Approved: _____</p>

ALL SEWER CONNECTIONS NEED TO BE INSPECTED / APPROVED BY THE TOWN PRIOR TO BACKFILLING. YOUR COOPERATION IS GREATLY APPRECIATED.

**TOWN OF ROTTERDAM
APPLICATION FOR WATER AND/OR SEWER PERMIT(S)**

Property Owner:	
Property Address:	
Plot:	
Lot #:	
Lot Size:	
Property Owner Phone Number:	
Contractor:	
Contractor Address:	
Contractor Phone Number:	
Liability and Workers Compensation Certificates must be included with application.	
New Construction or Renovation:	
If new construction, has built lot been approved?	
If existing structure, what is current water service? (Well)	
Is this a replacement of an existing water service? If so, what is the reason or problem with existing service?	
Water Service Size:	
Copper or Iron Piping:	
Water Meter Needed:	
Water Tap: (Same Side, Opposite Side Tap or Existing)	
Connect to Public Sewer?	
If Yes, Size:	
Cast Iron Pipe or Plastic:	