



Permit No. _____

CITY OF ALBANY
DEPARTMENT OF WATER & WATER SUPPLY
10 NORTH ENTERPRISE DRIVE
ALBANY, NEW YORK 12204
TELEPHONE (518) 434-5300
FAX (518) 434-5332

KATHY M. SHEEHAN
MAYOR

JOSEPH E. COFFEY, JR, P.E.
COMMISSIONER

WATER & SEWER PERMIT APPLICATION CHECKLIST

The following checklist has been made available to ensure that the permits submitted to the Water Department are reviewed in a timely manner. If the sketch submitted does not have enough information (see Form 4 below), the application will not be approved.

Water/Sewer Permit Completely Filled Out

Form 2 - Permit Application

- Property Owner's Name & Phone Number
- Applicant's Name, Address, & Phone Number
- Contractor's Name, Address, & Phone Number
- Location of Work
- Purpose of Work

Form 4 – Water & Sewer Service Permit Sketch (OR Attach Design Engineer's Plans)

- Location (Street Address)
- Location of Utilities
- Describe Type of Work (Diameter, Material, Length, etc)
- Show Location of Site Features (Buildings, Driveways, Manholes, etc)
- Describe Backfill Operations (Compaction Method)

Original Bonds – Must be on City of Albany Form

- Notarized
- Raised Stamp/Seal

Liability Insurance

Worker's Compensation Insurance (If Applicable)

Payment (Check or Credit Card ONLY) – See Rate Sheet for Fees

Call DIG SAFE NY 72 Hours in Advance

****Water and Sewer Permit Approval Must Be In Hand Before Work Starts****



Permit No. _____

CITY OF ALBANY
DEPARTMENT OF WATER & WATER SUPPLY
10 NORTH ENTERPRISE DRIVE
ALBANY, NEW YORK 12204
TELEPHONE (518) 434-5300
FAX (518) 434-5332

KATHY M. SHEEHAN
MAYOR

JOSEPH E. COFFEY, JR., P.E.
COMMISSIONER

WATER AND SEWER SERVICE PERMIT APPLICATION

Property Information: (Complete all sections)

Service Address: _____ Application Date: _____
Property Owner's Name: _____ Property Owner's Phone: _____
Applicant's Name: _____ Applicant's Phone: _____
Applicant's Address: _____ Applicant's E-Mail: _____

General Information: (Complete all sections)

Repairing broken sewer lateral? YES – contaminated *spoils must be removed from site* NO
Installing backwater valve (BWV) through grant program? YES – (BWV Grants needs prior approval) NO
Is BWV being installed inside building? YES – (Plumbing Permit is required from Codes) NO
Terminating water or sewer connections to a building Codes required to be demolished? YES NO

City Approved Projects: (Complete all sections)

Drawing or Sketch on Form 4 is required for all projects

Are water and/or sewage facilities to be turned over to AWB upon completion of Construction? Yes No N/A
Are Stamped & Approved Plans by Department of Planning Attached? Yes No N/A (If N/A sketch required)

ROW and Street Opening Permits: (Complete all sections)

Will work occur in ROW, sidewalk, or street? YES – *STREET OPENING PERMIT IS REQUIRED* NO
Will work occur at the water or sewer main in the lawn? YES – *STREET OPENING PERMIT IS REQUIRED* NO

Street Opening Permit is obtain through DGS attention Gary Bohl 518-462-3519 gbohl@albanyny.gov

Water Service: (Check at least 1 in each column)			
Proposed Start/End Dates: _____			

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Residential

<input type="checkbox"/> Commercial

<input type="checkbox"/> Industrial | <input type="checkbox"/> New Service Connection

<input type="checkbox"/> Service Rehab
Size & Work Type _____

<input type="checkbox"/> Termination (must be at main) | <input type="checkbox"/> Domestic

<input type="checkbox"/> Fire Protection | |
|--|---|---|--|

Replacing lead water service to copper? YES – *Schedule a Tap 48 hours in advance with Dispatch* NO

Description/purpose of work: _____

Is Contractor the same as Applicant? YES (skip to next section) NO – *FILL OUT BELOW*

Contractor's Name: _____ Phone: _____

Contractor's Address: _____ Email: _____

Sewer Service: (Check at least 1 in each column)			
Proposed Start/End Dates: _____			

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Residential

<input type="checkbox"/> Commercial

<input type="checkbox"/> Industrial | <input type="checkbox"/> New Service Connection

<input type="checkbox"/> Service Rehab
Size & Work Type _____

<input type="checkbox"/> Termination (must be at main) | <input type="checkbox"/> Sanitary Sewer

<input type="checkbox"/> Storm Service | |
|--|---|---|--|

Description/purpose of work: _____

Is Contractor the same as Applicant? Yes (skip to next section) No – *FILL OUT BELOW*

Contractor's Name: _____ Phone: _____

Contractor's Address: _____ Email: _____

To the best of my knowledge the above information is true and accurate. I have read and understand the provisions of the Code of the City of Albany concerning use of its water and sewer systems and shall comply with said Code. I will be responsible for excavation, removal, and backfill as required to restore to City specifications/requirements guaranteeing this work for five (5) years.

I acknowledge all permit applications must undergo a 2-5 day business review once a complete application is submitted. Permit fees and unpaid balances with the Albany Water Department must be paid prior to issuance of a permit.

Applicant's Signature: _____ Date: _____

Please Print Name: _____

WATER AND SEWER SERVICE PERMIT APPLICATION

MAINTENANCE DIVISION

Size of Water Main to be Tapped _____ Size of Tap Installed _____

Size of Sewer Main to be Connected _____ Size of Service Installed _____

METERING DIVISION – Meter Superintendent

Call Meter Superintendent, John Tedesco, at 518-209-4284 to schedule hydrant meters.

FINANCE DIVISION

Bond Yes No Date Expires _____

Insurance Yes No Date Expires _____

Workers Comp. Yes No N/A Date Expires _____

<u>Water Service Charges</u>	<u>Sewer Service Charges</u>	<u>Total Water / Sewer Charges</u>
Application Fee _____	Sanitary App Fee _____	Water Service Charge _____
Tapping Fee _____	New Sanitary Connection Fee _____	Sewer Service Charge _____
Meter Fee _____	Other _____	Total Permit Charge _____
New Service Connection Fee _____	Storm App Fee _____	Amount Paid _____
Hydrant Fee _____	New Storm Connection Fee _____	Check # _____
Other _____		Credit Card Type _____
<u>Total Water</u> _____	<u>Total Sewer</u> _____	

CITY OF ALBANY - WATER AND SEWER SERVICE PERMIT SKETCH

* EXAMPLE SKETCH *

Service Address: _____ Proposed Start Date: _____

This form shall be used, unless construction plans are to be submitted. Please provide an accurate scaled sketch of the proposed work, including the following:

- Nearest cross streets for reference;
- Description of work to be done (diameter, material, length of pipe);
- Show location of site features (utility poles, hydrants, manholes, valves, overhead and underground utilities, buildings, driveways, curbs, sidewalks, etc.)

KEEP SKETCH NEAT!

