

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****



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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 _____

Water Service Charges

Sewer Service Charges

Total Water / Sewer Charges

Application Fee _____

Tapping Fee _____

Meter Fee _____

New Service
Connection Fee _____

Hydrant Fee _____

Other _____

Total Water _____

Sanitary App Fee _____

New Sanitary
Connection Fee _____

Other _____

Storm App Fee _____

New Storm
Connection Fee _____

Total Sewer _____

Water Service Charge _____

Sewer Service _____

Total Permit Charge _____

Amount Paid _____

Check # _____

Credit Card Type _____

CITY OF ALBANY- WATER AND SEWER SERVICE

PERMIT SKETCH

Service Address: _____

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, etc);
- Location of site features (utility poles, hydrants, manholes, valves, overhead and underground utilities, buildings, driveways, curbs, sidewalks, etc).

[illegible]

CITY OF ALBANY - WATER AND SEWER SERVICE PERMIT SKETCH

Service Address: * EXAMPLE SKETCH * 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!

SHOW SIDE FEATURES										DESCRIBE PROPOSED WORK									
<p>SHOW SIDE FEATURES</p> <p>SHOW SIDE STREET</p> <p>LAWN AREA</p> <p>DRIVEWAY</p> <p>GARAGE</p> <p>RESIDENCE OR BUSINESS</p> <p>PORCH</p> <p>REPLACE SEWER LATERAL</p> <p>REPLACE WATER</p> <p>UTILITY POLE</p> <p>SIDEWALK</p> <p>MANHOLE</p> <p>HYDRANT</p> <p>CURB</p> <p>SEWER MAIN</p> <p>WATER MAIN</p>										<p>1) REPLACE SEWER LATERAL FROM HOUSE TO MAIN WITH 6" SDR-26</p> <p>2) REPLACE WATER SERVICE TO MAIN WITH 3/4" COPPER</p> <p>3) INSTALL NEW CURB BOX</p> <p>4) RESTORE ALL SURFACES</p>									