

APPLICATION FOR SEWER AGENCY CONCEPTUAL CERTIFICATION
(Projects which have not completed SEQRA)

Agency Project No. _____ Application Rec'd: _____

1. Applicant's or contractee's exact name and address: _____

_____ Phone #: _____

2. Name of contact person: _____

3. Name of Plat: _____

4. Location of Plat: _____

5. Town: _____

6. Exact address of ALL owners of the land. If individuals, give home address. ***If corporation, give corporation address, plus name and office in the corporation held by party who will execute Agreement with Agency. In addition, please furnish names of all principals of corporation. THIS IS NOT OPTIONAL.*** (Attach extra sheets, if necessary)

7. Name, address and phone number of engineer _____

8. Name, address and phone number of attorney: _____

9. Number of acres in plat _____

Number of plots: _____

Number of units: _____

Number of GPD: _____

10. Type of Development: _____

- | | |
|------------------------------|-------------------------------------|
| a. Subdivision – residential | f. Garden apartments |
| b. Subdivision - commercial | g. Shopping center |
| c. Subdivision - industrial | h. Planned retirement community |
| d. Subdivision - townhouses | i. Combination of uses – list above |
| e. Subdivision - condominium | j. Other uses – list above |

11. The following must accompany the application:

- A. Copy of deed in the name of number 6 above.
- B. Copy of conceptual site plan.
- C. Check for \$550.00 payable to *Suffolk County Treasurer*

NOTE: It is the applicant's responsibility to ascertain the meeting at which this application will be acted upon. The applicant will then be required to furnish proof that the applicant has notified, at least two (2) weeks prior to that meeting date, the Town Planning Department that this project is on the Agenda for Conceptual Certification and that the Town may attend if they so desire.

DATE _____

Applicant's Signature & Title

SCSA 4-2003(Rev)

APPLICATIONS NOT COMPLETE WILL NOT BE PROCESSED
