



Suffolk County Sewer Agency Application

(Choose One)

Application Type

Formal Approval - (Projects Which Have Completed SEQRA)

Conceptual Certification - (Projects Which Have Not Completed SEQRA)

Formal Approval - Time Extension - (Time Extension to complete Agreement-projects with prior Agency approval)

Conceptual Certification - Time Extension - (Time Extension to complete SEQRA-projects with prior Agency Approval)

(Please note that items No. 1-3 will be filled out by the Agency)

1. SCDPW Project #: _____ 2. Application Received: _____ 3. Application Processed: _____

4. Applicant Name: _____ 5. Corporation Name: _____

6. Telephone No.: _____ 7. Address: _____ 8. City: _____

9. Federal ID No.: _____ 10. Email Address: _____

11. Project Plat Name: _____ 12. Project Location: _____

13. Real Property Tax Map #(s): _____, _____,

(Note: Use additional Sheets if necessary) _____, _____

14. Exact address of ALL owners of the land. If individuals, give home address. If corporation, give corporation address, plus name, email, 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 additional sheets as necessary).

_____ Email Address: _____

15. Project Attorney: _____

_____ Email Address: _____

16. Project Engineer/Professional: _____

_____ Email Address: _____

17. Project Area in Acres: _____ No. of Plots: _____ No. Units: _____ Gallons/day: _____

18. Type of Development: a. Subdivision - Residential b. Subdivision - Commercial
c. Subdivision - Industrial d. HOA Subdivision e. Condominium
f. Garden Apartments g. Shopping Center h. Planned Retirement Community
i. Combination of above letters ___ and ___ j. Other _____

19. The following must accompany the application:

A. Check in the amount of \$550.00 payable to Suffolk County Comptroller.

B. Copy of deed in the name of number 4 (above).

C. Copy of Lead Agency's SEQRA Declaration.

D. Date application submitted to the SCDHS: _____ SCDHS Project #: _____

(Note: The SCDHS application **must** be submitted prior to the Sewer Agency meeting. It is the applicant responsibility to submit the SCDHS application in a timely manner. Please allow sufficient time for the SCDHS to review the application thoroughly. The applicant **must** have a SCDHS Project # before the application will be placed on the Agenda of the Sewer Agency meeting.)

[Click here for the SCDHS Application for Construction of Sewage Disposal Facilities and Water Supplies for Other Than Single Family Residences \(Form WWM-004\)](#)

E. Other pertinent information, i.e. site plan and/or survey, or SCDHS Board of Review Determination.

20a. Is the project connecting to a County Sewage Treatment Plant? _____, Sewer District No.: _____

20b. Is the project subject to Suffolk County Local Law 20-2007 - Affordable Housing?

20c. If answer for 20a. is yes and answer for 20b. is no, state reason: _____

The applicant certifies that the applicable zoning and variances have been secured from the Town.

Applicant's Printed name _____ Signature _____ Title _____ Date _____

Note: Incomplete Applications Will Not Be Processed

Please return application to:
Suffolk County Sewer Agency
335 Yaphank Avenue
Yaphank, NY 11980
Attn: Boris Rukovets, P.E.