

David VanLuven
Town Supervisor

Paul Penman, P.E.
Commissioner of Public Works

TOWN OF BETHLEHEM

Albany County - New York
DEPARTMENT OF PUBLIC WORKS
445 DELAWARE AVENUE
DELMAR, NEW YORK 12054
(518) 439-4955 option 4
Fax: (518) 439-5808



Sanitary Sewer Permit Application Process

Sewer Connection & Repair Permits

- Applications for connections or terminations to the Town sanitary sewer system must be made in writing on the Town sewer permit application form which is available on the Town website. Application forms must be submitted by the property owner or their authorized representative to DPW at least 30 days prior to the proposed connection/termination.
- For **Emergency repairs to existing sewer laterals**, please contact the Department for a repair permit. The sewer application form is required for emergency repairs to an existing sewer lateral. Insurance and inspection requirements for repairs are the same as listed for new sewer connections. Repair permits will be issued immediately
- Any contractor or other party performing any work in connection with the construction of a sewer main or sewer service must be approved by the Department, and said Contractor or other party must have on file with the Department an Owner's and Contractor's protective liability insurance policy naming the Town of Bethlehem and the Town of Bethlehem Sewer District as additional insureds, in the following amounts:
 - Bodily injury - \$2,000,000.00 (Two Million) each incident
 - Property Damage - \$500,000.00 (Five Hundred Thousand)
- A \$5,000.00 Permit Bond indemnifying the Town of Bethlehem and the Town of Bethlehem Sewer District is also required for anyone performing any work with connection to the Town Sanitary Sewer System.

No permit will be issued without a current insurance certificate and permit bond on file with the Town of Bethlehem Sewer Department.

- Once the application has been reviewed and approved by the Commissioner or Town Engineer, you will be notified that your permit is ready to be picked up.
- Payment for the permit is due when the permit is picked up.
- Work may commence **only** after the issuance of the permit.
- For new or modified construction, the sewer service permit must be issued prior to the issuance of the building permit.
- The Department requires an inspection of all work performed before the trench is closed: if such trench is closed, the applicant, contractor and/or owner may be made to uncover the lines for inspection. Call the Department at (518) 439-4955 to schedule a sewer lateral inspection. Inspections must be called in by 2:30PM.
- The permit fee includes one (1) inspection. If additional inspections are required a service call fee for each will be added to the account.
- <https://ecode360.com/8992043>
- <http://www.townofbethlehem.org/721/Sewer-Rent-and-Permit-Fees>



TOWN OF BETHLEHEM
Albany County - New York
Department of Public Works – Room 203
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APPLICATION FOR SEWER SERVICE CONNECTION - BETHLEHEM SEWER DISTRICT

The undersigned permittees agree that all work performed thereunder will be made pursuant to law and in accordance with all of the conditions, regulations and insurance requirements required by the Town of Bethlehem Department of Public Works.

PROPERTY OWNER INFORMATION	EXCAVATION CONTRACTOR INFORMATION
PARCEL ID: _____ OWNER NAME: _____ PROPERTY ADDRESS: _____ CITY, STATE, ZIP: _____ CONTACT PHONE #: (_____) _____ - _____ BILLING ADDRESS: _____ (if different) _____ ★ Do not use lot numbers; house numbers only must be used for permits	CONTACT NAME: _____ CONTACT PHONE #: (_____) _____ - _____ COMPANY NAME: _____ COMPANY ADDRESS: _____ CITY, STATE, ZIP: _____ BUSINESS PHONE #: (_____) _____ - _____ ★ Liability insurance & bond must be on file with the Sewer Department or Accompany this application. See Sewer Code on Town website for limit requirements
TYPE & USE OF HOME/BUILDING	TYPE OF PERMIT & SERVICE REQUESTED
<input type="checkbox"/> SINGLE FAMILY HOME <input type="checkbox"/> MULTI-FAMILY HOME HOW MANY UNITS IN MULTI-FAMILY HOME: _____ <input type="checkbox"/> COMMERCIAL BUILDING TYPE OF COMMERCIAL USE: _____ <input type="checkbox"/> INDUSTRIAL BUILDING TYPE OF INDUSTRIAL USE: _____	<input type="checkbox"/> SEWER LATERAL GRAVITY CONNECTION <input type="checkbox"/> SEWER GRINDER PUMP CONNECTION <input type="checkbox"/> GREASE TRAP/OIL WATER SEPARATOR REQUIRED: <input type="checkbox"/> INTERNAL SIZE: _____ <input type="checkbox"/> EXTERNAL SIZE: _____ <input type="checkbox"/> SEWER LATERAL TERMINATION <input type="checkbox"/> SEWER GRINDER PUMP TERMINATION ★ Connection to the Town sewer main will be done by the property owner's contractor as listed above. Any change in contractor will require proper insurance & bond documents to be on file with the Town sewer department
OWNER AGREEMENT	PIPE & CONNECTION INFORMATION
In consideration of the granting of this permit, the undersigned agrees: *To accept and abide by all provisions of the Town Sewer Code, local laws or regulations of the Town of Bethlehem, now in existence or that may be adopted in the future. A copy of the Sewer Code may be obtained on the Public Works Sewer Division page of the Town website. *To maintain the sewer service at no expense to the Town *To accept the responsibility for the satisfactory completion of work and hold harmless the Town of Bethlehem, its agents and employees in the event of any loss or damage that may be directly or indirectly be occasioned by said installation. Signed by Owner: _____ Printed Name: _____ Date: _____	SIZE OF PIPE: _____ TYPE OF PIPE: <input type="checkbox"/> HDPE <input type="checkbox"/> PVC <input type="checkbox"/> OTHER: _____ PRESSURE RATING/CLASS: _____ LENGTH OF LATERAL: _____ FT # OF CLEAN OUTS: _____ NOTE: This Permit fee includes 1 inspection. A service call fee will be charged for each additional inspection. ★ PLEASE NOTE: Foundation drains, cellar drains, sump pumps, down spouts, floor drains or any other type of drainage are prohibited from connecting to the town sanitary sewer system. Any contractor/homeowner who connects drainage to the sanitary sewer system will be subject to fines. All drainage must be connected to the storm sewer system where available.
(Portion below to be completed by Town staff)	
PERMIT REVIEW APPROVAL	FOR OFFICE USE ONLY
____ Verify District and Eligibility: <input type="checkbox"/> Inside SD <input type="checkbox"/> Outside SD ____ Review pipe & connection information ____ Insurance certificates received for all contractors ____ Grease-trap or O/W separator required: <input type="checkbox"/> Yes <input type="checkbox"/> No Misc.: _____ Approved by: _____ Date: _____ Commissioner	____ Permit issued / Owner contacted for pick-up Permit # _____ ____ Permit fee paid ____ Account opened - Acct # _____ - _____ ____ RC's added to account ____ Work orders issued ____ Date: _____ Office Signature



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The undersigned permittees agree that all work performed thereunder will be made pursuant to law and in accordance with all of the conditions, regulations and insurance requirements required by the Town of Bethlehem Department of Public Works.

PROPERTY OWNER INFORMATION		EXCAVATION CONTRACTOR INFORMATION	
PARCEL ID: _____		CONTACT NAME: _____	
OWNER NAME: _____		CONTACT PHONE #: (_____) _____ - _____	
PROPERTY ADDRESS: _____		COMPANY NAME: _____	
CITY, STATE, ZIP: _____		COMPANY ADDRESS: _____	
CONTACT PHONE #: (_____) _____ - _____		CITY, STATE, ZIP: _____	
BILLING ADDRESS: _____		BUSINESS PHONE #: (_____) _____ - _____	
(if different) _____		★ Liability insurance & bond must be on file with the Sewer Department or accompany this application. See Sewer Code on Town website for limit requirements	
★ Do not use lot numbers; house numbers only must be used for permits			
TYPE & USE OF HOME/BUILDING		TYPE OF PERMIT & SERVICE REQUESTED	
<input type="checkbox"/> SINGLE FAMILY HOME		<input type="checkbox"/> SEWER LATERAL GRAVITY CONNECTION	
<input type="checkbox"/> MULTI-FAMILY HOME		<input type="checkbox"/> SEWER GRINDER PUMP CONNECTION	
HOW MANY UNITS IN MULTI-FAMILY HOME: _____		<input type="checkbox"/> GREASE TRAP/OIL WATER SEPARATOR REQUIRED:	
<input type="checkbox"/> COMMERCIAL BUILDING		<input type="checkbox"/> INTERNAL SIZE: _____	
TYPE OF COMMERCIAL USE: _____		<input type="checkbox"/> EXTERNAL SIZE: _____	
<input type="checkbox"/> INDUSTRIAL BUILDING		<input type="checkbox"/> SEWER LATERAL TERMINATION	
TYPE OF INDUSTRIAL USE: _____		<input type="checkbox"/> SEWER GRINDER PUMP TERMINATION	
		★ Connection to the Town sewer main will be done by the property owner's contractor as listed above. Any change in contractor will require proper insurance & bond documents to be on file with the Town sewer department	
OWNER AGREEMENT		PIPE & CONNECTION INFORMATION	
In consideration of the granting of this permit, the undersigned agrees:		TYPE OF REPAIR: <input type="checkbox"/> SPOT REPAIR <input type="checkbox"/> TOTAL REPLACEMENT	
*To accept and abide by all provisions of the Town Sewer Code, local laws or regulations of the Town of Bethlehem, now in existence or that may be adopted in the future. A copy of the Sewer Code may be obtained on the Public Works Sewer Division page of the Town website.		<input type="checkbox"/> GRAVITY LATERAL <input type="checkbox"/> LOW PRESSURE GRINDER PUMP LINE	
*To maintain the sewer service at no expense to the Town		PIPE SIZE: _____ TYPE OF PIPE: _____	
*To accept the responsibility for the satisfactory completion of work and hold harmless the Town of Bethlehem, its agents and employees in the event of any loss or damage that may be directly or indirectly be occasioned by said installation.		LENGTH OF LATERAL: _____ FT # OF CLEAN OUTS: _____	
Signed by Owner: _____		NOTE: This Permit fee includes 1 inspection. A service call fee will be charged for each additional inspection.	
Printed Name: _____		★ PLEASE NOTE: Foundation drains, cellar drains, sump pumps, down spouts, floor drains or any other type of drainage are prohibited from connecting to the town sanitary sewer system.	
Date: _____		Any contractor/homeowner who connects drainage to the sanitary sewer system will be subject to fines.	
		All drainage must be connected to the storm sewer system where available.	
(Portion below to be completed by Town staff)			
PERMIT REVIEW APPROVAL		FOR OFFICE USE ONLY	
Verify District and Eligibility: <input type="checkbox"/> Inside SD <input type="checkbox"/> Outside SD		Permit issued / Owner contacted for pick-up	
Review pipe & connection information		Permit # _____	
Insurance certificates received for all contractors		Permit fee paid	
Grease-trap or O/W separator required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Account opened - Acct # _____ - _____	
Misc.: _____		RC's added to account	
Approved by: _____ Date: _____		Work orders issued	
Commissioner		Office Signature _____ Date: _____	