

TOM LITTLE  
CODE ENFORCEMENT  
OFFICER -  
607-643-2446 -  
M-F, 1-5 PM

TOWN OF HARPERSFIELD  
25399 STATE HWY 23  
HARPERSFIELD, NY 13786  
607-652-5060 PHONE & FAX

DATE: \_\_\_\_\_  
#: \_\_\_\_\_  
FEE: \_\_\_\_\_  
APP/DISAPP \_\_\_\_\_  
\_\_\_\_\_

APPLICATION FOR WELL PERMIT

PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_

NUMBER OF ACRES OF BUILDING LOT: \_\_\_\_\_

A PLOT PLAN INCLUDING ALL STRUCTURES AND/OR SEPTIC SYSTEM  
NEEDS TO BE INCLUDED.

I AGREE TO CONSTRUCT AND LOCATE MY WATER SUPPLY SYSTEM IN  
ACCORDANCE WITH THE RULES AND REGULATIONS OF THE NEW YORK  
STATE DEPARTMENT OF HEALTH AND ANY OTHER STATE OR LOCAL  
REGULATIONS GOVERNING THE INSTALLATION OF THESE SYSTEMS.

OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FEE FOR WELL PERMIT: \$75.00 CASH OR CHECK.