## TOWN OF TUSTEN BUILDING DEPARTMENT 210 BRIDGE STREET, PO BOX 195 NARROWSBURG, NEW YORK 12764 845-252-3693 FAX 845-252-7476

EMAIL: codeenforce@tusten.org

## APPLICATION FOR WELL PERMIT

DO NOT DRILL ANY WELL WITHOUT THE ISSUANCE OF A BUILDING PERMIT NO CERTIFICATE OF COMPLIANCE WILL BE ISSUED WITHOUT RECEIVING THE WELL LOG

|                                |                                      | yable to TOWN OF T       | ,  |             |
|--------------------------------|--------------------------------------|--------------------------|--|-------------|
|                                |                                      |                          |  |             |
| ADDRESS:                       |                                      |                          |  |             |
| TELEPHONE:                     |                                      |                          |  | <del></del> |
| TAX MAP                        | SECTION:                             | BLOCK:                   | LOT:   |             |
|                                |                                      |                          | nts) required by NYS Licensed Desig<br>septic systems to meet all applicable   |             |
| COMMENTS:                      |                                      |                          |  |             |
| DRILLER'S NA                   | AME:                                 |                          | Phone  |             |
| ADDRESS:                       |                                      |                          |  |             |
|                                |                                      |                          |  |             |
| DATE:                          |                                      | APPLICANT OR AGENT       |  | =           |
| enforced in the will conform w | Town of Tusten, No ith such; WELL PU | ew York and hereby agree | Dwelling Laws and Codes and Ording that the project proposed on this aped in accordance with the National Industric Inspector. | plication   |
| Date                           |                                      | A                        | pplicant or Agent  |             |