Code Enforcement Office
735 Utica Street, P.O. Box 394, DeRuyter NY 13052
• Cell: 315-400-2823 • Office: 315-367-1353
• Thursday 9:00 AM - Noon

Permit #_____
Fee $/Date Pd_____
Cash___ Ck #_____ CC___
Date Approved_____
Approved by_____

Village or Town of DeRuyter
SEPTIC SYSTEM PERMIT APPLICATION

Check One:

___ **Construction of New System**

Note: Applicants must conform to the standards set by the New York State Department of Health (NYSDH)* and submit proof of standards compliance to the Code Enforcement Officer prior to issuance of a permit allowing construction of a NEW on-site Residential Sewage Disposal System within the Village or Town of DeRuyter.

___ **Modification of Existing System**

The information necessary for compliance prior to issuance of a permit allowing MODIFICATION of an existing on-site Residential Sewage Disposal System within the Village or Town of DeRuyter shall be directed by the Code Enforcement Officer.

*Please refer to NYSDH standards in **Appendix 75-A - Wastewater Treatment Standards - Residential Onsite Systems** https://www.health.ny.gov/environmental/water/drinking/septic_systems.htm
(found online as of 3/10/2026)

Village or Town of DeRuyter Property Location_____

Zoning District (check one): ___ **Lake Watershed (L.W.) or, ___AG/Residential (A.R.)**

Tax Map #_____

Owner/Applicant must attach to this completed application Certificates of Insurance for the project's Septic System Contractor. Each contractor involved with the project must provide Certificates of Insurance covering: Liability, Workman's Compensation and Disability, or a NYS exemption certificate.

OWNER INFORMATION

Name_____

Mailing Address_____

E-Mail_____

Phones: C ( )_____ H ( )_____ W ( )_____

APPLICANT INFORMATION (if other than Owner is applying)

Name_____

Mailing Address_____

E-Mail_____

Phones: C ( )_____ H ( )_____ W ( )_____

SEPTIC SYSTEM CONTRACTOR INFORMATION

Name_____

Mailing Address_____

E-Mail_____

Phones: C ( )_____ H ( )_____ W ( )_____

Note: A list of certified residential septic system contractors may be found by calling the Madison County Public Health Department: 315-366-2361

The undersigned read and understand the standards / regulations as outlined on page 1 of this application.

*X*_____ *Print Name*_____ *Date*_____
Owner

*X*_____ *Print Name*_____ *Date*_____
Applicant, if other than Owner

*X*_____ *Print Name*_____ *Date*_____
Septic System Contractor