

**BOARD OF COMMISSIONERS**

E. JANE REBHUHN  
CHAIRPERSON

DEENA LESSER

JERRY LANDSBERG



**GREAT NECK  
WATER POLLUTION CONTROL DISTRICT**

236 EAST SHORE ROAD  
GREAT NECK, NEW YORK 11023

TEL: (516) 482-0238

FAX: (516) 482-8713

**APPLICATION FOR SANITARY SEWER DISCONNECT**

**APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_

Company Name (if applicatble): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**SITE INFORMATION:**

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

**LICENSED PLUMBER INFORMATION:**

Company Name: \_\_\_\_\_

Licensed Plumber's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Contact: \_\_\_\_\_

License Number: \_\_\_\_\_ Issuing Number: \_\_\_\_\_

**TYPE OF WORK TO BE PERFORMED:**

Permanent Disconnect

Temporary Disconnect

**PERMIT FEES:**

\$ 150 Single Family Dwelling

\$250 Two to Four-Family Dwelling

\$500 Multi-Family (5+) Dwelling

\$500 Commercial Building

**PAYABLE BY CHECK OR MONEY ORDER TO: GREAT NECK WATER POLLUTION CONTROL DISTRICT**

**FOR DISTRICT USE ONLY**

Disconnection Fee: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

(OVER)

# GREAT NECK WATER POLLUTION CONTROL DISTRICT - GREAT NECK, NEW YORK

DISCONNECTION PERMIT ISSUED UPON ACCEPTANCE OF THIS APPLICATION  
WILL BE SUBJECT TO THE FOLLOWING CONDITIONS

1. THIS PERMIT SHALL NOT RELIEVE THE PERMITEE OR INSTALLER FROM OBTAINING ANY ADDITIONAL PERMITS REQUIRED BY LAW, ORDINANCE, OR REGULATION OF NEW YORK STATE, NASSAU COUNTY, TOWN OF NORTH HEMPSTEAD OR INCORPORATED VILLAGE.
2. ALL WORK MUST BE PERFORMED IN THE PRESENCE OF A GREAT NECK WATER POLLUTION CONTROL DISTRICT REPRESENTATIVE AND NO WORK MAY BE COVERED PRIOR TO INSPECTION BY THE DISTRICT.
3. SHEETING AND SHORING IS REQUIRED ON ALL TRENCHES GREATER THAN 5 FEET IN DEPTH.
4. POINT OF DISCONNECTION SHALL BE DETERMINED BY THE GREAT NECK WATER POLLUTION CONTROL DISTRICT.
5. DISCONNECTION SHALL OCCUR PRIOR TO THE DEMOLITION OF THE BUILDING.
6. THE PARTY DISCONNECTING THE SEWER LINE SHALL ABIDE BY ALL PROVISIONS, ORDINANCES, RULES AND REGULATIONS OF THE GREAT NECK WATER POLLUTION CONTROL DISTRICT.
7. PERMIT MUST BE KEPT ON THE PREMISES, POSTED CONSPICUOUSLY UP TO AND DURING THE DISCONNECTION.
8. PERMIT SHALL BECOME VOID IF DISCONNECTION IS NOT COMPLETED WITHIN THIRTY (30) DAYS FROM THE DATE OF ISSUANCE. NO REFUND WILL BE MADE FOR PERMITS ISSUED AND NOT USED WITHIN THE GIVEN TIME FRAME.
9. ALL INSPECTIONS MUST BE REQUESTED IN WRITING AND BE SCHEDULED WITH THE GREAT NECK WATER POLLUTION CONTROL DISTRICT NO LESS THAN FORTY-EIGHT (48) HOURS IN ADVANCE.

THE OWNER OR LESSEE (PERMITEE) AND THE LICENCED PLUMBER HAVE READ THE ABOVE CONDITIONS AND ALL OF THE RULES AND REGULATIONS OF THE GREAT NECK WATER POLLUTION CONTROL DISTRICT COMPLETELY AND THOROUGHLY. THESE CONDITIONS WILL GOVERN THE DISCONNECTION OF THE SANITARY SEWER BY THE PERMITEE AND APPEAR ON THE FACE OF THE PERMIT WHEN ISSUED. THE PERMITEE AND THE LICENCED PLUMBER WILL BE HELD LEGALLY RESPONSIBLE FOR THE ADHERANCE TO ALL OF THESE CONDITIONS, AND ALL ORDINANCES, RULES AND REGULATIONS OF THE GREAT NECK WATER POLLUTION CONTROL DISTRICT.

(SIGNED) \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Owner or Lessee

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Address of Owner or Lessee City of Owner or Lessee State of Owner or Lessee Zip Code of Owner or Lessee

State of New York }  
 County of \_\_\_\_\_ } SS. On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the  
Day Month Year

undersigned, a Notary Public in and for said state, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Signature of Notary Public

(SIGNED) \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Licensed Plumber

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Address of Licensed Plumber City of Licensed Plumber State of Licensed Plumber Zip Code of Licensed Plumber

State of New York }  
 County of \_\_\_\_\_ } SS. On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the  
Day Month Year

undersigned, a Notary Public in and for said state, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Signature of Notary Public