15 BAY AVENUE
OYSTER BAY, NEW YORK 11771-1506
WWW.OBSEWER.COM
APPLICATION #_____ (for District Use)

APPLICATION – REQUEST FOR SEWER AVAILABILITY

Application Fee for each Tax Map ID. Refer to District fee schedule.

NAME OF ESTABLISHMENT:_____

ADDRESS: _____

PHONE NO.: _____

CONTACT PERSON:_____PHONE NO.:_____

EMAIL _____

ADDRESS: _____
(if different than establishment address)

OWNER / LESSEE (circle one)

NASSAU COUNTY TAX MAP ID: SECTION:_____ BLOCK_____ LOT_____

SURVEYED LOT AREA:_____SQUARE FEET or _____ACRES
WHOLE NUMBER TO THREE DECIMAL PLACES

DESCRIPTION OF CURRENT USE OF PARCEL:_____

_____

DESCRIPTION OF PROPOSED USE OF PARCEL:_____

_____

IN DESCRIPTION, FOR RESIDENTIAL OCCUPANCIES, INDICATE NUMBER OF BEDROOMS IN EACH UNIT. FOR RESTAURANT, INDICATE THE NUMBER OF SEATS. FOR COMMERICAL AND INDUSTRIAL OCCUPANCIES, INDICATE SQUARE FEET FOR EACH TYPE OF USE ON EACH FLOOR.

PROPOSED DATE OF OCCUPANCY FOR NEW USE:_____

SUBMIT APPLICATION, SITE PLANS AND FLOOR PLANS OF PROPOSED AND EXISTING CONDITIONS, PLUMBING RISER DIAGRAM, AND FEE TO THE OYSTER BAY SEWER DISTRICT

FOR DISTRICT USE

COMMENTS: _____

_____

_____

PREPARED BY: _____DATE: _____

PAYMENT RECEIVED BY: _____

DATE: _____CHECK #: _____