

**VILLAGE OF COLD SPRING  
85 MAIN STREET  
COLD SPRING, NEW YORK 10516  
PHONE: (845) 265-9293 ~ FAX: (845) 265-1002**

**Application for Sewer Connection**

**Date:** \_\_\_\_\_

**The Undersigned hereby applies to the Village of Cold Spring Board of Trustees for the following sewer connection, subject to all ordinances, rules and regulations of the Village of Cold Spring, pertaining thereto now in force, or which may be adopted in the future.**

**Type of Connection:** \_\_\_\_\_

\_\_\_\_\_  
(Use backside for sketch where necessary)

**Location:** \_\_\_\_\_

**Street Opening Required:** \_\_\_\_\_

**Purpose (residence or other purpose):** \_\_\_\_\_

**Work to be Done by:** \_\_\_\_\_

**Must be a Plumber bonded with the Village of Cold Spring**

**Approximate Start and Completion Dates:**

**Start:** \_\_\_\_\_

**Completion:** \_\_\_\_\_

**Application made by:**

**Representative/Owner:** \_\_\_\_\_

**Owners Signature:** \_\_\_\_\_

**It is understood by the applicant that this is only an application; a written reply will be given by the Village Board. If an affirmative reply is given, a permit for street opening will be required. This is obtainable from the Water Superintendent.**

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**Village of Cold Spring Board of Trustees**

**Date:** \_\_\_\_\_

**Application Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

**Remarks** \_\_\_\_\_

**Inspected By:** \_\_\_\_\_ **Water Superintendent**

**Work Approved** \_\_\_\_\_ **Date:** \_\_\_\_\_