

**Town/Village of Hannibal**

**Code Enforcement Office**

Drawer B

Hannibal, NY. 13074

Office 315-564-6037

Cell 315-591-8318

---

**Application: Septic System Permit**

Permit No. \_\_\_\_\_ Tax Map Number \_\_\_\_\_  
Project Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Name of Owner \_\_\_\_\_  
Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email (optional) \_\_\_\_\_  
Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_  
Contractor \_\_\_\_\_ Phone # \_\_\_\_\_  
Design Professional \_\_\_\_\_ Phone # \_\_\_\_\_  
Person performing perk & deep hole tests \_\_\_\_\_

---

**Required information:**

**Proof of Workers Comp. Form C-105.2 or U-26.3**

---

\_\_\_\_\_  
Signature of Applicant Inspector

---

Permit notes: