



**TOWN OF SHELTER ISLAND**  
**38 North Ferry Road, P.O. Box 970**  
**Shelter Island, New York 11964**

J. Chris Tehan: Senior Building Inspector  
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Tel. (631) 749-0772  
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**SANITARY REGISTRY APPLICATION, INSTRUCTIONS**

**CONVENTIONAL SANITARY SYSTEM**

- 1) Application must be completed and submitted, in duplicate, to the Building Department.
- 2) Indicate location of existing (if applicable) and proposed new system on updated survey. Emergency repairs: Indicate location. May be hand sketched by Septic installer (A new survey is not required for emergency repairs). Dimensions and setbacks from property lines, well and structure (s).
- 3) Description of proposed work.
- 4) Copy of Suffolk County Department of Health Permit for all upgrades for additions, new accessory structures, new construction and all non-emergency replacements/upgrades.
- 5) Upon receipt of this application, the Building Inspector will issue a Sanitary Registry to the applicant; such permit shall be kept on the premises, available for inspection throughout the process of the work.
- 6) All inspections by Suffolk County Department of Health. It is the applicant's responsibility to file, get approvals and inspections, if needed or required by SCDH.
- 7) Green stamped final approval SCDH required for close of permit for all applications that require SCDH permit (that apply).
- 8) All construction must be designed to keep water run-off on the property.

**INNOVATIVE ALTERNATIVE WASTEWATER TREATMENT SYSTEM (I/A OWTS)**

- 1) Application must be completed and submitted, in duplicate, to the Building Department.
- 2) Indicate location of existing (if applicable) and proposed new system on updated survey.
- 3) Description of proposed work.
- 4) Copy of approved Suffolk County Department of Health Permit.
- 5) Upon receipt of this application, the Building Inspector will issue a Sanitary Registry to the applicant; such registry shall be kept on the premises, available for inspection throughout the process of the work.
- 6) All inspections by Suffolk County Department of Health. It is the applicant's responsibility to file, get approvals and inspections, as required by SCDH.
- 7) Green stamped final approval SCDH required for close out of permit.
- 8) All construction must be designed to keep water run-off on the property.
- 9) Electrical Underwriter Certificate & location of electrical control panel required.



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**APPLICATION FOR SANITARY REGISTRY**

Owner.....  
(If corporation list Owner (s) name)

Address.....Phone#.....

Email address:.....Cell Phone #.....

Location of premises on which work will be performed:

District/Section/Block/Lot..... Zone.....

Street address.....

Description of work to be performed.....  
.....  
.....

Type of Use: Residential.....Commercial.....Combination.....Number of Bedrooms.....

Type of Water source: .....Water Well.....Public Water Supply.....

Sanitary system in Wetlands (yes or no, circle one). Existing.....Proposed New.....(Ck one or both is applicable).

(Note: May be subject to DEC Permit and a Town Wetlands Permit)

Emergency repair.....yes or no? (circle one). Description.....  
Emergency repair may take place without a Town registry. However, Owner AND Contractor are responsible to submit a Town registry within 7 days of repair. (Please note repair, replacement & upgrade may be subject to SCDH approvals and regulations).

Application is hereby made to the Building Department for the issuance of a registry pursuant to the Building Ordinance of the Town of Shelter Island, County of Suffolk, New York and all other applicable laws, ordinances, or regulations. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

Signature of applicant.....

Date.....

Application #.....

Registry #.....

**\*\*Attach Contractor Certification Form With This Application\*\***



**LICENSED SANITARY CONTRACTOR REPORT (to be filled out by Installer)**

Install Contractor Company.....

Installer Contact Person.....Phone #.....

Installer Contractor's address.....

Service Contractor Company.....  
(Provide copy of service contract, if applicable I/A OWTS systems only)

Service Contact Person.....Phone #.....

Service Contractor's address.....

Property Owner Name.....Phone #.....

Address of property where work is to be performed.....

Description of work to be performed.....

.....

.....

.....

**Description of System Installed:**

Septic Tank: Volume (gallons).....Type Description.....Block.....Precast.....Other.....

Shape: .....Rectangular.....Cylindrical

Name of Manufacturer.....

Leaching Pools:.....Size.....Depth.....Quantity.....Type Description.....

Top:.....Slab.....Traffic Slab.....Dome

Pump Out Existing System:.....yes (check yes if applicable and fill out information above)

Attach copy of SCDH Permit with updated survey showing proposed location (if applicable)

Attach copy of DEC Permit and/or Town Wetlands Permit (if applicable)

This report from the licensed sanitary contractor that the sanitary system meets Town, County and State Codes for all other repairs, upgrades, replacements and new systems. (Not applicable for emergency repairs).

Emergency repair may take place without a permit subject to SCDH regulations. However, Owner AND Contractor are responsible to submit a Town registry within 7 days of repair.

SI License #.....

Electrical License #.....

Date.....

Installer Contractor Signature.....

Consumer Affairs Liquid Waste License Number #.....