

TOWN OF SHELTER ISLAND
38 NORTH FERRY ROAD – PO BOX 1549
SHELTER ISLAND, NEW YORK 11964-1549
Water Quality Improvement Advisory Board

FILL OUT AFTER SYSTEM IS INSTALLED and APPROVED BY SUFFOLK COUNTY

APPLICANT REQUEST FOR RELEASE OF FUNDS FOR RESIDENTIAL ADVANCED SEPTIC TREATMENT SYSTEMS (Form #2)

WQI Application number _____

To release funds reserved in the Shelter Island Conditional Rebate Agreement the applicant must submit this form with supporting documentation to the WQI Advisory Board. The required documentation is:

- a. Suffolk County Final Survey approval (color copy of green stamped survey).
- b. Proof of all expenses via invoices, showing paid in full with a summary page listing all expenses paid that are requested for reimbursement. (see below)
- c. Verification that the Shelter Island Septic Registry has been completed & approved. (Page 1, Page 2, copy of SCDH red and green stamp approvals, and electrical underwriters certificate all must be submitted separately to the Building Department).
- d. Final SCDH grant approval letter & copy of SCDH grant agreement with grant number (if applicable).
- e. Signed rebate calculation form.

OWNERS CERTIFICATATION OF APPLICATION FOR REBATE RELEASE

I/WE, _____ (print full name(s)), the undersigned, certify that I/We are the legal titled owner(s) of the land identified in this application and that this application form including any appended documentation constitutes a true statement of facts to the best of my/our knowledge.

Owner #1 signature _____ Date _____

Owner #2 signature _____ Date _____

(Signing this form authorizes the Town to access to the site to perform an inspection of the system).

Address _____

Phone # _____

Email address _____

Social Security # for 1099-MISC _____ - _____ - _____

1. Please share with us any comments, unusual events or circumstances from your project that might be helpful to us or future homeowners.

2. Were there any changes or events not anticipated and, if so, what were they?

Instructions: Deliver all documentation, including this signed form, to the WQI AB Clerk, Jane Roberts, a minimum of 10 business days prior to a WQI AB meeting in order to be considered at the next WQI AB meeting. One printed copy is required of each item in addition to a pdf scan. SCDH red & green stamp drawings approvals must be in color.

Deliver printed copies addressed to the WQI AB Clerk either (a) by hand to the Town Clerk's office at 38 North Ferry Road, Shelter Island, NY, or (b) by mail to P.O. Box 970, Shelter Island, NY 11964.

Deliver pdf copies either (a) by email to the WQI AB Clerk at jroberts@shelterislandtown.us or (b) in a USB drive (thumb drive) by mail to the mailing address above, or by hand to the Town Clerk's office above.

Please see the Building Department, Sanitary Registry instructions sheet on the Town website or email lbeardraymond@shelterislandtown.us for questions about the sanitary registry.