



VILLAGE OF SAG HARBOR
SEWER UTILIZATION CERTIFICATE

GENERAL INSTRUCTIONS

1. Annual Unit Charges are imposed upon all using premises, even though all or part thereof may be used only seasonally or may be temporarily unoccupied or vacant premises, this Certificate should be Completed on the basis of the last previous use or the use for which the premises is presently offered.
2. All owners must complete parts A and E of this Certificate, as well as any other Part specified in the detailed instructions appearing hereafter.
3. The completed Certificate, together with a filing fee of \$10.00, must be delivered to the Village Treasurer within thirty (30) days.

PART A
(TO BE COMPLETED BY ALL OWNERS)

OWNER OF PREMISES:

Name: _____

Street and No.: _____

City, State and Zip Code: _____

Contact Phone Number: _____

TAX MAP NUMBER OF PREMISES: _____

STREET ADDRESS OF PREMISES: _____

TYPE OF CERTIFICATE (check one and supply additional data requested):

_____ INITIAL CERTIFICATE

_____ Premises was a using premises on August 1, 1976

_____ Premises became a using premises on (date) _____

_____ AMENDMENT (applicable only where prior Certificate(s) have been filed)

This Certificate amends Certificate No. _____, dated _____

The date of the permanent change of use is: _____

OTHER UTILIZATION CERTIFICATES:

List the number of all other Sewer Utilization Certificates presently on file with respect to the same premises _____

_____, OR

If this is an Initial Certificate, state the total number of Certificates presently being submitted with respect to the same premises: _____

USE OF PREMISES: (check only ONE of the following items and supply the information requested in the instructions next to the item. If there is more than one use of the premises, a separate Certificate must be filed for each use.)

_____ SINGLE-FAMILY DWELLING HOUSE OR CONDOMINIUM UNIT. (A separate Certificate must be filed for each dwelling house or condominium unit. If this item is checked, go on to Part E of this form.)

_____ DUPLEX HOUSE, APARTMENT BUILDING, ROOMING HOUSE, OR MULTIPLE DWELLING. The total number of rental units used, occupied, or offered for rental, use or occupancy is (number) _____. (Go on to Part E of this form.)

_____ HOTEL OR MOTEL. (Complete this item and go on to Part E of this form.) The total number of rental units used, occupied, or offered for rental, use or occupancy to transient guests at a daily or weekly tariff or rate or a monthly rate greater than 50% of a number equal to the daily rate multiplied by 30 is: _____.

The total number of rental units used, occupied or offered for rental, use or occupancy as an apartment or on a month-to-month basis or for a term in excess of one month or on the basis of a tariff or schedule of rents for which the monthly rate is less than 50% of a number equal to the daily rate multiplied by 30 is: _____.

_____ BUSINESS ESTABLISHMENT. (Complete Parts B and E of this form and Part C or Part D, if applicable.)

_____ PERMANENTLY ABANDONED OR VACANT. (Check this item only if the owner makes no present use of the premises, does not offer it for rental or use, and intends to permanently abandon the premises. Complete only the owner's verification portion of Part E.)

PART B
(TO BE COMPLETED BY BUSINESS ESTABLISHMENTS ONLY)

A separate Sewer Utilization Certificate must be filed for each distinct enterprise (any single trade, business or professional establishment) carried on or conducted on a using premises.

NAME OF ENTERPRISE: _____

OPERATOR OF ENTERPRISE:

Name: _____

Street and No.: _____

City, State and Zip Code: _____

Contact Phone Number: _____

TYPE OF ENTERPRISE (check one and supply any additional data requested):

_____ RESTAURANT, TAVERN, SNACK BAR, NIGHT CLUB or like enterprise where food or drink is offered for on-premises consumption. (Complete Parts B, C and E of this form.)

_____ YACHT CLUB, BOAT BASIN, MARINA or similar enterprise. (Complete Parts B, D and E of this form.)

_____ OTHER. State type of enterprise: _____

(Complete Parts B and E of this form.)

NUMBER OF WORKERS EMPLOYED IN THE ENTERPRISE. (Workers mean all persons, whether proprietors, partners, supervisors, managers, agents, independent contractors, or employees who earn a livelihood by doing work of any kind or rendered services of any kind on the premises of any enterprise. For enterprises of a seasonal nature, the number of workers shall be the greater number of employed at any time during the year. For enterprises using shifts, the number shall be the sum total of all shifts.)

Number of persons regularly working on premises more than 20 hours per week: _____

Number of persons regularly working on premises less than 20 hours per week: _____

PART C
(TO BE COMPLETED BY LIQUOR LICENSEES
AND FOOD SERVICES ESTABLISHMENTS ONLY)

1. Does the establishment hold a liquor license? _____ YES _____ NO. If Yes, state the number of persons authorized in such license to be served (number) _____.

2. Does the establishment hold a Suffolk County Health Department Service Food Establishment Permit? _____ YES, _____ NO

If Yes, state the number of persons authorized in such permit to be served (number) _____.

3. State the following:

Number of bar or fountain stools: _____.

Number of chairs, exclusive of bar or fountain stools and booths: _____.

Number of booths:

_____ booths seating 2 persons each; _____ booths seating 3 persons each;

_____ booths seating 4 persons each; _____ booths seating _____ persons each.

(A combination bar and restaurant must file only one Certificate unless the restaurant and bar hold separate Service Food Establishment Permits.)

PART D
(TO BE COMPLETED BY BOAT YARDS
AND DOCKING ESTABLISHMENTS ONLY)

1. Is the enterprise devoted exclusively to the repair and storage of boats ashore? _____ YES, _____ NO.
(If Yes, omit the remainder of Part D and go on to Part E.)
2. Does the enterprise provide shower, restroom or laundry facilities of any kind or nature to members or customers? _____ YES, _____ NO. (If no, omit the remainder of Part D and go on to Part E.)
3. Number of slips _____.
4. Does the enterprise separately meter any water line or lines used exclusively to provide dockside water for the washing of boats and the filling of fresh water tanks aboard boats? _____ YES, _____ NO. If Yes, state the number of:
 Separate water meters: _____
 Hose bibs or outlet connections: _____, so metered.

PART E
(TO BE COMPLETED BY ALL OWNERS)

1. Are there any functioning water wells on the premises? _____ YES, _____ NO. If Yes, are any of these wells presently equipped with water meters? _____ YES, _____ NO.
2. If the premises is presently served by the Suffolk County Water Authority, with respect to each separate billing account, state the water meter serial number and the account number:

<u>Water Authority Account Number:</u>	<u>Water Meter Serial Number:</u>

3. Is there a sump pump on the premises? _____ YES, _____ NO.
4. Are any of the below chemicals in use or stored at the premises?

Aluminum _____	Mercury _____
Arsenic _____	Nickel _____
Barium _____	Nitrogen _____
Cadmium _____	PCB _____
Chloride _____	Phenols _____
Chromium _____	Phosphorous _____
Copper _____	Selenium _____
Cyanide _____	Silver _____
Fluoride _____	Sodium _____
Iron _____	Sulfide _____
Lead _____	Zinc _____
Manganese _____	

OWNER'S VERIFICATION:

I am the owner of the above described real property or a duly authorized officer of the Corporation which owns the above described real property. I have read the foregoing Certificate and am personally familiar with its contents. I have direct personal knowledge of the facts disclosed in the Certificate. I personally affirm and certify, under penalties of perjury, that all of the information herein set forth is true and correct to the best of my information and belief. I recognize my obligation to promptly file an amended Certificate in the event of any change in the information provided herein.

Dated: _____ Signed: _____
(Type or print name beneath signature)