

TOWN OF YORK WELL PERMIT APPLICATION

OFFICE USE ONLY

DATE _____
 VALID UNTIL _____
 FEE PAID _____
 SIGNED _____

PROPERTY OWNER	PHONE
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PROPERTY LOCATION

OWNER'S MAILING ADDRESS

ZONE	LOT	MAP
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YORK WATER DISTRICT USE		
1.	Is public water more than 400' from the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Location of closest water supply line _____	
_____	_____	
Date	Superintendent, Water District	

YORK SEWER DISTRICT USE		
1.	Is property owner connected to sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are all abutters connected to sewer:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	
Date	Superintendent, Sewer District	

I, the undersigned, understand that wells are prohibited in the zoning district in which I am located. I am applying for a "special exception" for a well that is valid for five (5) years only. At the end of five (5) years, if I do not comply with the current criteria I must connect to public water and discontinue the well. I have received a current copy of the Town of York Well Ordinance. This is not a seasonal conversion permit – no seasonal well may be converted to year-round without a seasonal conversion permit.

Date

Applicant's Signature