



TOWN OF CAIRO SEWER DISTRICT
PO Box 728
Cairo, NY 12413
Phone: (518) 622-0052

CAIRO SEWER DISTRICT: Application for Review of Assigned EDU's(Equivalent Dwelling Units)

Complete the following application & fill in all the fields with the appropriate information and answer the questions. An interior inspection of the property may be necessary by the municipal representative. The purpose of this inspection would be to review and verify the status of the property as requested by this application.

Date:
Owner Name(s):
Mailing Address:
Sewer Address(if different from mailing):
Tax Map #:
Phone number: Cell number:
Email:

How many EDU's have been assigned to this parcel?

Are you requesting a review for Income Property? Yes or No (circle one) Circle one of the following:

Is the property an: unoccupied rental occupied rental owner unoccupied owner occupied

If you are requesting a review for: Vacant Land - complete parts 1 & 5
Residential Property - complete parts 2 & 5
Commercial Property - complete parts 3, 4, & 5
Residential & Commercial Property - complete parts 2, 3, 4, & 5

PART 1: Is this property vacant land? Yes No
Is it in the Water District? Yes No
Will it be in the "extended" water district? Yes No
Is it in the Sewer District? Yes No
Has a septic tank been requested to be installed for this site when construction begins? Yes No

PART 2: Is this a single family dwelling? Yes No
More than a single family dwelling? Yes No
Number of separate habitable dwellings?
Number of living units per dwelling?
Number of owner occupied units?

How many rentable units? _____
How many unites NOT able to be rented now? _____
Units that should be rented for at least the next 3 months? _____
Reason: not rented _____

PART 3: Does this parcel have more than one commercial use? Yes No
More than one separate business? Yes No
Number of separate business uses? _____
Describe the one or different uses: _____

Is the business currently occupied or rented? Yes No
Will it be occupied or rented for at least the next 3 months? Yes No
Reason: if not rented _____

PART 4: Number of employees associated with this business: _____
If eating establishment – number of seats _____
If sleeping accommodations – number of units _____
Other details that would describe the unique use of this property: _____

PART 5: Is the use of this property currently being converted? Yes No
If yes, from a _____ to a _____
Are plans being made to file for a Building Permit? Yes No When: _____
Has the Building Permit been filed with the Building Dept? Yes No When: _____

I, the undersigned, do acknowledge that this form has been completed by me(or my representative) to the best of my ability and that the information herein, contained is accurate and truthful. I further acknowledge that if the current status of this property should change, I will notify the SEWER DISTRICT of such change before the next quarter billing.

SIGNED: _____ DATE: _____

OFFICE USE ONLY:

Reviewer: _____ Date: _____

Sewer Account #: _____ Request #: _____

Site inspection: _____

Comments & Findings: _____

