



Niagara County Department of Health
Environmental Division
55 Stevens St.
Lockport, NY 14094

Grant Application

Complete this application form and submit it with the required documents, or assistance may be delayed.

A. Applicant/Owner Information

1. Name: _____

2. Phone Number: _____

3. Mailing Address: _____

4. Email Address: _____

B. Property Information

1. Street Address of Septic System (if different from mailing address, above):

2. County: Niagara

3. Town Tax Id # (section/block/lot): _____

4. Property Type:
- Residential
 - Commercial
 - Other

4A. If you checked Commercial, please specify the nature and size of the business:

4B. If you checked Residential, please indicate whether the property is used as

- Primary Residence
- Seasonal

5. Number of bedrooms at the property: _____

6. Year septic system was installed: _____

7. Description of the septic system installed:

2. Project Type:

Repair/Rehabilitation

Replacement

Upgrade (e.g., Advanced Nitrogen Removal System)

3. Total Estimated Project Cost: \$ _____

4. Name of Septic System Project Contractor: _____

Address:

Phone Number:

By signing this application form, the undersigned states that all the information contained in this application is true and correct.

Signed _____

(Applicant/Owner)

Date _____