SCHOHARIE COUNTY DEPARTMENT OF HEALTH
Division of Environmental Health
Application for Permit to Construct a
Sewage Treatment System for Commercial Use

The following information is furnished with this application and submission of plans to construct or modify a sewage disposal system to serve a commercial establishment according to Article 3 of the Sanitary Code of Schoharie County.

1. _____ 2. _____
Name of Establishment Town or Village
3. Detailed Local of Site_____
4. Type of Establishment _____
5. Basis of Design_____
6. Design Flow _____ gpd. 7. Design Professional _____
8. Tax Map # _____ 9. Type of Water Supply _____
(If known)

For units larger than a two-family dwelling, including all commercial establishments, plans and drawings shall contain the signature, seal and address of a professional engineer or an architect licensed and registered pursuant to the Education Law of the State of New York. The NYS DEC Design standards are used.

The following table represents the application fee schedule:

Design Flow	**Fee**
500 gpd or less	$250.00
50l gpd – 999 gpd	$300.00
1000 gpd – 1500 gpd	$350.00
1501 gpd – 5000 gpd	$400.00
5001 gpd – 10000 gpd	$500.00

If the water supply will be a public water system as defined by the New York State Sanitary Code, Part 5, Drinking Water Supplies, additional requirements must be met.

A plan review and application fee, according to the attached fee schedule, must accompany this application. The check or money order must be payable to the Schoharie County Health Department. Send application and fees to the Schoharie County Department of Health, PO Box 667, Schoharie, NY 12157.

I agree to construct and locate my water supply and sewage disposal system to meet the standards, rules and regulations of the Schoharie County Department of Health. The sewage system will not be covered until a Certification of Approval is issued by the Schoharie County Department of Health. Approved plans are to be returned to the design professional unless instructed otherwise in writing.

_____ _____ _____
Name of Owner Signature of Owner Date

_____ (_____)_____
Present Mailing Address Telephone Number

"These regulations in no way waive the requirements of the applicant to seek approval from the New York State Department of Environmental Conservation or unit of local government within Schoharie County for the sewage disposal systems requiring appropriate State or local review and approval". Section 3 (f), Article 3, Sanitary Code of Schoharie County.

OFFICIAL USE ONLY
Fee Received $ _____ Receipt # _____

Date _____ By _____