



SCHOHARIE COUNTY DEPARTMENT OF HEALTH

(518) 295-8382 POST OFFICE BOX 667 SCHOHARIE, NEW YORK 12157

APPLICATION FOR PERMIT TO CONSTRUCT SEWAGE TREATMENT SYSTEM FOR RESIDENTIAL USE

This application is required for the construction of a sewage treatment system to serve a new or modified dwelling pursuant to Article 3 of the Sanitary Code of Schoharie County. **Fill in all blanks below:**

1. _____

Name of Owner
Town (Property Location)

 Name of buyer (if applicable) _____
2. Detailed location of site: _____

3. Tax Map # _____ 4. Number of Bedrooms _____ 5. Number of acres _____
6. If in a development: (a) Name _____ (b) Lot # _____
7. Remarks: _____

A non-refundable fee of \$450 for the permit with must accompany this application. The check or money order must be made payable to the Schoharie County Department of Health. ***Send application, fee and required tax map to this department at the address given at the top of the application.*** Obtain a tax map by calling the Real Property Tax Office at 518-295-8349 (PO Box 308 284 Main Street, Schoharie, NY 12157).

Instructions to prepare the test holes are attached. It is the responsibility of the applicant to notify the Health Department when the test holes have been prepared. Once a permit is issued, **retest** of the site will require another application fee. Therefore, you are encouraged to dig more than one set of test holes for the initial test visit.

I agree to construct and locate my water supply and sewage treatment system to meet the standards, rules and regulations of the Schoharie County Department of Health. The sewage treatment system will not be covered until a Certificate of Approval is issued by the Schoharie County Department of Health.

_____ Date	_____ Signature of Owner/Buyer
(_____)_____ Telephone Number	_____ Present Mailing Address

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 treatment 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 _____