



SCHOHARIE COUNTY DEPARTMENT OF HEALTH

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

TRANSFER

APPLICATION FOR TRANSFER OF 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 **New** Owner _____ Town the property is located _____

Name of **Previous** Owner or Permit Holder: _____

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 **\$100** for the TRANSFER of permit must accompany this application. The check or money order must be made payable to the Schoharie County Department of Health. ***Send application, fee to the Schoharie County Department of Health, Post Office Box 667, Schoharie, New York 12157.***

It is the responsibility of the applicant to notify the Health Department when construction begins. (518-295-8382)

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

(_____) _____
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 _____