



STATE OF NEW YORK  
SCHOHARIE COUNTY DEPARTMENT OF PUBLIC HEALTH

P.O. Box 667, 284 Main Street, Schoharie, New York, 12157  
(518) 295-8382

**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 \$250 for the permit must accompany this application. The check or money order must be made payable to the Schoharie County Department of Health. ***Send application, \$250.00 fee (fee includes \$125 for plan review and \$125 for permit processing), 2 sets of stamped and signed engineered plans and the 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 667 284 Main Street, Schoharie, NY 12157).

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 _____