



SECTION A: Owner Information

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Phone: _____

SECTION B: Parcel Information

Physical Address: _____
 Municipality (C/V/T): _____ Tax Map Number (SBL): _____

Lot Size (Attach Survey Map If Available): _____ acres / sq. ft. (circle one)

Minimum sizes for new construction:

- 40000 sq. ft. of useable area for lots served by both on-site water and wastewater treatment systems
- 15000 sq. ft. of useable area for lots served by public water and an on-site wastewater treatment system

Minimum lot size waivers may be issued for replacement systems for pre-existing residences / commercial buildings

SECTION C: Building Information

Residential Structures

Total Number of Occupants: _____ Do you operate a home business? If so, describe below: _____
 Total Number of Bedrooms: _____
 Garbage Disposal(s): Yes No _____
 Spa Tub(s): Yes No _____
 Multi-Family (see Note): Yes No _____

Note: Applicant may be required to hire a licensed professional engineer for the design of Onsite Wastewater Treatment Systems for rental units and mobile home parks with more than 4 units or more than 6 bedrooms total, industrial wastewater flows, commercial wastewater flows (except for flows that include toilets and handwash sinks only), all wastewater flows greater than 1000 gallons per day and for residential sites which will require a non-standard design.

SECTION D: Contractor Information

Check here if a contractor has not yet been selected

Name: _____
 Email: _____
 Daytime Phone: _____

SECTION E: Contact Person for Site Visit / Soil Percolation Tests

Check here if the contact person is the contractor listed in Section D

Name: _____
 Email: _____
 Daytime Phone: _____

SECTION F: Additional Copies of Correspondence (for email distribution only)

Name/Company: _____
 Email: _____

Name/Company: _____
 Email: _____

Name/Company: _____
 Email: _____

Name/Company: _____
 Email: _____

SECTION G: Fee Determination

Scope of Permit	Fee	Check One
New Onsite Wastewater Treatment System	\$210	<input type="checkbox"/>
Full/Partial Replacement of an Existing System	\$210	<input type="checkbox"/>
Replacement of an Existing Septic Tank Only	\$105	<input type="checkbox"/>
New or Replacement Privy/Outhouse	\$105	<input type="checkbox"/>
1 yr. Renewal of an Existing Permit-to-Construct	\$25	<input type="checkbox"/>

Mail to:
 Cattaraugus County Health Department
 Attn: Environmental Health
 1 Leo Moss Drive, Suite 4010
 Olean, NY 14760-1154

Make Check/Money Order Payable to:
 Cattaraugus County Health Department

**Credit/Debit Card Payments Accepted
 In Office or By Phone:**
 (716) 701-3386

SECTION H: Authorization & Signature

**FAILURE TO SIGN OR FULLY COMPLETE THIS APPLICATION MAY CAUSE
 DELAYS IN THE ISSUANCE OF YOUR PERMIT.**

"The Health Department shall provide design services for an on-site wastewater treatment system and provide plans and specifications that meet the standards in 10NYCRR Appendix 75-A."

"I hereby authorize the Cattaraugus County Health Department to enter the named premises to conduct a site visit, which may include soil percolation tests, investigation of the failure of existing on-site wastewater treatment systems, inspection of the water and wastewater plumbing of any structures and related appurtenances, or any other activities necessary to evaluate the site and design the applicant's on-site wastewater treatment system."

"I understand that all work must be completed by a person qualified to complete the work and that the system and all components must be constructed according to the approved plans, specifications, exemptions, and special conditions."

"I understand that I am responsible for contacting UDIG-NY for location of all on-site underground and above-ground utilities prior to any ground disturbance. Any utilities shown on the Permit to Construct are unverified in depth and alignment and final locations shall be verified through UDIGNY. Additionally, the Health Department is not responsible for damage to unverified private utilities that may be encountered during the work."

"I understand that the on-site wastewater treatment system shall not be placed in operation until the construction work is inspected, prior to backfilling, and a Permit to Operate is issued by the Cattaraugus County Health Department."

Note: Construction shall be completed within 12 months of the date of issuance of the Permit to Construct or the permit must be renewed.

 Property Owner (Print)

 Signature

 Date

 *Authorized Representative (Print)

 Signature

 Date

**I hereby certify, that I am duly authorized to sign this application on behalf of the subject property owner.*

SECTION I: FOR OFFICE USE ONLY

Date Received: Notes: _____
 Received From:
 Fee Received:
 Cash/Check #:
 Receipt Number: