



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 Bedrooms: _____
 Garbage Disposal(s): Yes
 No

Commercial Structures

Type of Business: Office Space / Retail
 Industrial
 Pet Grooming / Kennel
 Other: _____
 Number of Employees Served: _____

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	Please Check One
New Onsite Wastewater Treatment System	\$200	<input type="checkbox"/>
Full/Partial Replacement of an Existing System	\$150	<input type="checkbox"/>
Replacement of an Existing Septic Tank Only	\$100	<input type="checkbox"/>
New or Replacement Privy/Outhouse	\$100	<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.**

"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 onsite 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 onsite wastewater treatment system."

 Owner or Authorized Representative (Print)

 Signature

 Date

SECTION I: FOR OFFICE USE ONLY

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