



# CATTARAUGUS COUNTY HEALTH DEPARTMENT

## PLAN REVIEW FEE DETERMINATION SCHEDULE



1. Determine what fee(s) apply to your project.
2. Enter total at bottom of form; sign and date where indicated.
3. Make check payable to the “**Cattaraugus County Health Department**” for total amount, or to pay by credit card call (716) 701-3386 (includes a 2.5% convenience fee).
4. Mail this form with check, accompanied by appropriate applications, engineering drawings, reports, etc. to the Health Department office in Olean: 1 Leo Moss Drive, Suite 4010, Olean, New York 14760-1154.

Name of Facility/Project Description: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

<u>Type of Project</u>	<u>Fee</u>	<u>Fee Calculation</u>
Onsite Sewage Treatment System		
Less than 1,000 gpd	\$ 75.00	_____
Greater than 1,000 gpd	\$ 150.00	_____
Mobile Home Park (Site Plan)	\$ 150.00	_____
Campground (Site Plan)	\$ 150.00	_____
Realty Subdivision (Per Lot)	\$ 25.00 *	_____
Public Bathing Facility		
Pool/Spa (Per Filter System)	\$ 200.00	_____
Beach	\$ 100.00	_____
Public Water Supply		
Treatment	\$ 200.00	_____
Distribution	\$ 200.00	_____
Storage	\$ 150.00	_____
Source	\$ 150.00	_____
Cross Connection Control (Per Service)	\$ 75.00	_____
Sanitary Sewer Extension	\$ 200.00	_____
Food Service Establishment		
New Construction	\$ 125.00	_____
Renovation	\$ 75.00	_____
Mass Gathering (Site Plan)	\$2,000.00	_____
	<b>TOTAL</b>	_____

**Certification Statement: I hereby certify that the statements made above are accurate to the best of my knowledge.**

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Signature of Operator/Applicant	Title	Date
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