



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	\$ 80.00	_____
Greater than 1,000 gpd	\$ 160.00	_____
Mobile Home Park (Site Plan)	\$ 160.00	_____
Campground (Site Plan)	\$ 160.00	_____
Realty Subdivision (Per Lot)	\$ 25.00 *	_____
Public Bathing Facility		
Pool/Spa (Per Filter System)	\$ 210.00	_____
Beach	\$ 105.00	_____
Public Water Supply		
Treatment	\$ 210.00	_____
Distribution	\$ 210.00	_____
Storage	\$ 160.00	_____
Source	\$ 160.00	_____
Cross Connection Control (Per Service)	\$ 80.00	_____
Sanitary Sewer Extension	\$ 210.00	_____
Food Service Establishment		
New Construction	\$ 130.00	_____
Renovation	\$ 80.00	_____
Mass Gathering (Site Plan)	\$2,100.00	_____
	TOTAL	_____

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

Signature of Operator/Applicant	Title	Date
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*Fee established by New York State