

ULSTER COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION
239 GOLDEN HILL LANE
KINGSTON, NEW YORK 12401
845-340-3010

APPLICATION FOR AND REPORT OF SEWAGE DISPOSAL SYSTEM
****THIS IS NOT A PERMIT TO CONSTRUCT****

Please complete the following:

Date: 9-28-2021
Name of Property Owner/Buyer JAMES SENECAI
Present Mailing Address c/o REX SANFORD, PE, P.O. Box 92, SHOKAN, NY 12481
Telephone (845) 750-3670
Location of Property 87 MOUNTAIN ROAD
SBL Number 37.018-2-4 Township _____
Lot Size (acres) 3.3 ± ACRES NYCDEP Watershed Area
 Renewal Re-Name (Formerly) KYLENE N. THOMAS
Engineer Name REX SANFORD, PE
Address P.O. Box 92, SHOKAN, NY 12481
Telephone (845) 657-6426

Residential:

Existing Realty Subdivision Name/ Lot # N/A
Total Number of Bedrooms 3
Garbage Grinder: Yes _____ No

Commercial:

Type of Establishment _____

OWNER'S SIGNATURE 

AN ORIGINAL APPLICATION AND SIGNATURE IS REQUIRED

<input type="checkbox"/> Residential: Fee.....\$400.00	<input type="checkbox"/> Commercial: Fee: -Daily flows less than 1,000 gallons.....\$400.00 -Daily flows 1,000 gallons – 10,000 gallons *.....\$500.00 - Daily flows more than 10,000 gallons.....\$600.00 <i>(Daily flows more than 10,000 gallons - plans to be submitted to the NYSDEC for review & approval)</i> *only applies to facilities permitted by DOH under Part 6, 7, 14, 15 or 17 of the NYS Sanitary Code.
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Payable by Check or Money Order to: Ulster County Commissioner of Finance
ALL PERMIT/APPLICATION FEES ARE NON-REFUNDABLE

Note: Applications **will not** be processed without payment.

A fee of \$20.00 will be charged by the Ulster County Department of Health for any checks that are returned to our Department from the Bank.

NOT TO BE COMPLETED BY APPLICANT

For Office Use Only

Log Number: