

CLINTON COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL UNIT  
133 MARGARET STREET, PLATTSBURGH, NY 12901  
PHONE (518) 565-4870 FAX (518) 565-4843

**NOTICE OF INTENT**

Notice is hereby given, as required by the New York State Sanitary Code, for the following proposal:

*(Please print)*

Name of Project: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

**Please attach additional pages / plans if needed.**

Is this a modification to an existing permitted facility?      **YES**    /    **NO**

If "YES", name and type of facility \_\_\_\_\_

Exact location: \_\_\_\_\_

Township: \_\_\_\_\_ No. of Lots: \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Developer / Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Design Engineer / Architect: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Review Fee: \_\_\_\_\_ (please see reverse side for fee schedule)

**SEE INSTRUCTIONS ON REVERSE SIDE** 

FOR HEALTH DEPARTMENT USE ONLY	
RECEIVED BY: _____	FEE AMOUNT: _____
RECEIPT NO.: _____	

# INSTRUCTIONS

The following are some of the types of properties (facilities) regulated by the New York State Sanitary Code:

Swimming Pools / Bathing Beaches  
Hotels / Motels  
Public Water Supplies  
Campgrounds / Travel Trailer Parks  
Subdivisions  
Mass Gatherings

Children's Camps  
Marinas  
Migrant Labor Camps  
Mobile Home Parks  
Food Service Establishments

The following changes, modification or construction are required to be reported:

- A new building or facility to be built.
- An existing building or facility that is to be enlarged or remodeled.
- An existing property that is not a regulated facility that is to be converted to a regulated facility without remodeling.
- The addition to or modifications of any system servicing the facility (Examples: water supply system, sewage treatment system, or fire alarm system).
- Any changes that may increase water consumption, and/or the volume or sewage requiring treatment, or both. In reporting such changes, list the number, if any, of the new fixtures/ facilities ( Example: bedrooms, dining, or seating capacities, toilet fixtures, lavatories, showers/bathtubs, dishwashing facilities, swimming pools, and/or camping travel trailer or mobile home sites).

For your information, the following are some of the **PERMITS** that may be required before you proceed:

Uniform Fire Prevention and Building Code, Local Zoning, State Pollution Discharge Elimination System (SPDES); Article 17 of the New York State Environmental Conservation Law, if applicable NYSDEC.  
Adirondack Park Agency

This form must be returned to the Clinton County Health Department **30 days** prior to the date of the proposed construction, enlargement, or conversion. **NOTE:** Only 15 days notice is required for a temporary residence.

This notice may have to be supplemented by further information, plans or specifications as may be required by the Health Officials to whom it is submitted.

## **ENGINEERING REVIEW FEES**

<i>Subdivisions (per lot) -</i>	\$40.00/ public water & sewer \$50.00/ on-site water <u>or</u> sewer \$60.00/ on-site water <u>and</u> sewer	<i>Campgrounds -</i> \$40.00 / site
<i>Migrant Labor Camps -</i>	\$150.00 for all building plans	<i>Hotel/Motel -</i> \$50.00 / room
<i>Mobile Home Parks -</i>	\$40.00 / lot \$60.00 / lot with on-site water <u>or</u> sewer \$80.00 / lot with on-site water <u>and</u> sewer	<i>Bathing Facility -</i> \$50.00 / spa \$75.00 / beach \$125.00 / pool
<i>Sewage System -</i>	New \$25.00 Replacement \$30.00 New Engineered \$125.00 Replacement Engineered \$50.00	<i>Water System-Sm (1 serv)</i> \$50.00 <i>Water System-Lg</i> \$100.00

## **RESUBMISSIONS**

**Re-submissions for all programs, except individual sewage treatment system, will be 50% of the first submission cost.**