



DUTCHESS COUNTY DEPARTMENT OF HEALTH
 85 Civic Center Plaza, Suite 106
 Poughkeepsie, NY 12601
 845-486-3404/845-486-3545 (fax)

Application for Extension of Approval

Instructions: Please fill out Sections A, B, and C completely and submit to the Dutchess County Department of Health with the non-refundable fee of \$200 for the first lot and \$125 for each additional lot.

SECTION A. OWNER INFORMATION

Name _____

Mailing Address _____

Tel. # _____

SECTION B. PROPERTY INFORMATION

Tax Parcel Number _____

Parcel Address _____

Subdivision Name (if applicable) _____

Lot # (If applicable) _____

Have any changes been made to the property since it was approved? Yes _____ No _____

If yes, please describe changes. _____

SECTION C. OWNER'S CERTIFICATION

I, _____, owner of the above referenced property certify that the above information is correct. By submitting this application I am requesting that the original Dutchess County Health Department approval be extended if it meets the standards required to do so.

(Signature)

(Date)

Office Use Only

Fee amount _____ Received on _____

File number _____