DUTCHESS COUNTY DEPARTMENT OF HEALTH
85 Civic Center Plaza, Suite 106
Poughkeepsie, NY 12601

Tel. # 845-486-3404 Fax # 845-486-3545

Application for Approval of a Residential Sewage Disposal System

INSTRUCTIONS: Building Inspector and Applicant to Complete Section 1 Health Department to complete Section 2

SECTION 1

Date of Application_____Town/Village:_____
Name of Applicant: _____
Applicant Address:_____
_____
_____

Applicant Telephone #:_____
Subdivision or Plan Name:_____
Lot Number:_____ Section No.#:_____ Number of Bedrooms:_____

Tax Map Number: (Town) (Section) (Map) (Parcel / Grid)

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Location and description of property:_____
_____
Other name by which property is known:_____

Submitted by: _____Bldg. Permit Applic. No._____
(Zoning Administrator / Building Inspector signature)

SECTION 2 **For Health Dept. Use ONLY**

Environ. Health File # or Map Code #:	
Individual Lot:	
Illegal Subdivision:	
Health Dept. Approved Subdivision:	

Map Expiration Date:	
Subdivision < 5 Lots:	
County Clerk Filed Map #:	
Parcel Extension Date:	

	ACTION	DATE	INITIALS
C.O.	Contacts Applicant re: Engineering Requirements		
	Contacts Applicant re: Soil Tests		
	Transmits Application to District Office		
D.O.	Observes soil tests		
	Makes Pre-Construction Site Visit		
	Clears Building Permit with Building Inspector		
	Receives Well Completion Report		
	Receives Fill Section Certification		
	Completes Inspection		
	Clears Certificate of Occupancy with Bldg. Inspector		