RENSSELAER COUNTY DEPARMENT OF HEALTH
APPLICATION FOR APPROVAL OF PLANS

(PLEASE PRINT OR TYPE)

Application Date _____City_____
Town_____
Village_____

Tax Map Number for Project_____

THE PROJECT

Name:_____

Location (detail):_____
_____

Single Family_____Townhouse_____ Industrial_____

Condominium_____Commercial_____

IF FEE IS APPLICABLE TO THIS SUBMISSION, PLEASE ATTACH CHECK FOR PROPER AMOUNT $_____fee enclosed

Note: contact this department for fee requirements.

How many lots_____ Total Contiguous Area, in Acres_____

_____Variance_____Waiver_____Exemption requested (see attached)

Municipality/Other agencies reviewing this project:

_____

_____

_____

NARRATIVE: (Please submit **ALL** pertinent information under headings that apply to your project.)

Detail the intent: including but not limited to, general description, history, time table, proposal, it's impact, etc.

_____

_____

_____

_____

SEWERAGE DETAIL: _____ON-SITE SEPTIC _____MUNICIPAL

DRAINAGE DETAIL:

WATER DETAIL:

SWIMMING POOL DETAIL:

OTHER:

THE ENGINEER/SURVEYOR

P.E.
Name:_____License#_____
Mail Address_____
_____Phone:_____
L.S. Name:_____License#_____
_____Phone:_____
Person to contact for this project: Name:_____

Statement: Plans and documents submitted with this application were prepared by me or under my supervision.

P.E._____L.S._____
(Signed) (Signed)

THE OWNER (Developer/Officers)

Name:_____
Mail Address_____
_____Phone:_____

_____
(Signed)