

**APPLICATION FOR SEWAGE DISPOSAL FACILITIES AND WATER SUPPLY SYSTEMS
 FOR OTHER THAN SINGLE FAMILY RESIDENCES**

| | | | | |
|--|--|---|---|--|
| This application is for (check all that apply): | | | | |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition to Building | <input type="checkbox"/> Extension of Existing Permit | <input type="checkbox"/> Food Establishment | |
| <input type="checkbox"/> Change in Use | <input type="checkbox"/> Revision of Approved Plan | <input type="checkbox"/> Renewal of Expired Permit | <input type="checkbox"/> Other | |

Briefly Describe the Proposal And Use(s) of Building:

SECTION 1

| | | | |
|--|---|---|---|
| Business or Facility Name | | Hamlet | Town |
| Property Location: N/S/E/W side of _____, _____ Feet N/S/E/W of _____ | | | |
| OR N/S/E/W Corner of _____ and _____ | | | |
| Tax Map No.: | District(s) | Section(s) | Block(s) Lot(s) |
| Name of Applicant: | | Tel#: () - | |
| Mailing Address: | | | |
| Email Address: | | | |
| Name of Design Professional: | | Tel#: () - | |
| Mailing Address: | | | |
| Email Address: | | | |
| Name of Current Property Owner: | | Tel#: () - | |
| Mailing Address: | | | |
| Email Address: | | | |
| Name of Agent: | | Tel#: () - | |
| Mailing Address: | | | |
| Email Address: | | | |
| Name of Industrial Park, Subdivision and/or shopping center (if applicable): | | Previous Health Department Reference No(s). | |
| Site is currently: Vacant <input type="checkbox"/> Improved <input type="checkbox"/> | Town Zoning of Parcel: | Occupancy Rating as per Building Code: | Total Area of Parcel (Acres): Topography (Flat, Rolling, Steep, etc.): |
| Gallons Per Day of Sewage Discharge: Existing _____ Proposed _____ | Total Parking Spaces: Existing _____ Proposed _____ | Number of Stories (in each Building): Existing _____ Proposed _____ Basement: Yes <input type="checkbox"/> No <input type="checkbox"/> Mezzanine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Total Gross Floor Area of Building(s) (including all floors and Mezzanine areas): Existing _____ Proposed _____ |
| Specify Method of Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Well | | Distance To Water Main & Name of Nearest Public Water District: | |
| Specify Method of Sewage Disposal: <input type="checkbox"/> Subsurface Disposal (conventional) <input type="checkbox"/> Public Sewers <input type="checkbox"/> Other (explain) _____ | | Distance To & Name of Nearest Public Sewer District or Treatment Plant: | |

SECTION 2

| FOR EXISTING BUILDINGS AND/OR EXISTING/PROPOSED FOOD ESTABLISHMENTS | | | | |
|--|---|---------|------------|----------|
| 1. | Does proposal include change in use of an existing building? | Yes [] | No [] | |
| If yes, indicate previous name(s) of establishment: _____ | | | | |
| Type of business (medical, retail, etc.): _____ Date last opened: _____ | | | | |
| Floor Area of Proposed Business: _____ Date Building Constructed: _____ | | | | |
| 2. | Is proposed tenant space an existing or proposed food establishment? | Yes [] | No [] | |
| If yes, indicate seating below. | | | | |
| | Type of Seats | Bar | Restaurant | Catering |
| | Number of Seats Permitted in Previous Establishment | | | |
| | Number of Seats in Proposed Establishment | | | |

SECTION 3

| FOR HAZARDOUS MATERIAL STORAGE OR DISCHARGE | | YES | NO |
|--|--|-----|----|
| 1. | Is or will wastewater, other than sewage, be discharged into the ground? If yes explain _____ | | |
| 2. | Is or will oil be stored for heating purposes? If yes, indicate the number , size of oil tank(s) in gallons & year installed _____ _____ | | |
| 3. | Does the business (es) require process tanks or petroleum storage tanks such as gasoline, kerosene, diesel, gasohol, motor oil, antifreeze, or waste oil? If yes, indicate number aboveground _____ & number underground _____ Indicate materials that are being stored _____ | | |
| 4. | Does or will the business (es) have more than 250 gallons of drum storage? If yes, indicate number of drums and amount of gallons _____ | | |
| 5. | Does or will the business (es) have collection sumps, troughs, floor drains, boiler drains, etc.? If yes explain _____ | | |
| 6. | Does or will the business (es) involve any manufacturing processes or use of any chemicals? If yes explain _____ | | |

If the answer to any of the above questions in section 3 is yes, then permit(s) for hazardous material storage or discharge may be necessary in accordance with Article 7 and 12 of the Suffolk County Sanitary Code and a separate report may be required. Contact the Office of Pollution Control (631) 854-2501.

SECTION 4

| OTHER PERMITS REQUIRED | | YES | NO |
|-------------------------------|---|-----|----|
| 1. | Are any of the following permits required? | | |
| | a. Wild Scenic and Recreation Rivers Permit - NYSDEC | | |
| | b. Long Island Well/Water Supply Permit- NYSDEC | | |
| | c. Tidal Wetlands Permit | | |
| | d. Fresh Water Wetlands Permit | | |
| | e. SPDES-D Permit, sanitary waste only - SCDHS/NYSDEC | | |
| | f. SPDES Permit - Industrial Waste - SCDHS/NYSDEC | | |
| | g. Toxic and Hazardous Materials Storage/Handling, Article 12, SCDHS | | |

SECTION 5

| ENVIRONMENTAL QUALITY AND HEALTH REVIEW | YES | NO |
|--|-----|----|
| 1. Has a determination been made by any other permitting agency that this project is a Type I action pursuant to SEQRA? | | |
| 2. Has a determination of Environmental Significance (Negative or Positive Declaration) been issued by any other permitting agency for this project? If yes, provide copy of determination and/or details. | | |
| 3. Is the property located within or substantially contiguous to a locally or county designated Critical Environmental Area (CEA) pursuant to Article 8 of the Environmental Conservation Law (ECL) and 6 NYCRR? The potential impact of any Type I or Unlisted action on the environmental characteristics of the CEA is a relevant area of environmental concern and must be evaluated in the determination of significance prepared pursuant to Section 617.7 of SEQR. | | |
| 4. Is the property located within the area designated Central Pine Barrens Core Preservation Area pursuant to Article 57 of the ECL? | | |
| 5. Is the project located in an area designated as “Parkland” or “Agricultural Land”? If yes, show area on plans and/or explain: | | |
| 6. Is any portion of the subject property in a “Coastal Erosion Hazard Area” (pursuant to 6NYCRR Part 505) or subject to imminent erosion or flooding? Alternatively, could the project have the potential to cause erosion, drainage or flooding problems on adjacent or neighboring properties? | | |
| 7. Will the completed project have an adverse effect on existing air quality, or routinely produce odors, vibrations or operating noise which exceeds the local ambient noise levels? If yes, explain: | | |
| 8. Will there be an adverse effect to existing traffic patterns? If yes, explain: | | |
| 9. Has the property ever been used for the disposal or burial of solid waste or hazardous waste? If yes, show area on plans and/or explain: | | |
| 10. Are there any existing environmental factors which may affect the public health and safety of the completed project’s occupants (for example, neighboring landfills, petroleum spills, toxic materials, noise sources, odors, etc.)? | | |
| 11. Will the proposed action affect any water sources, surface or groundwater quality or quantity? Ex. Will action require: | | |
| A discharge permit | | |
| Water supply from wells with greater than 45 gpm capacity | | |
| Water use in excess of 20,000 gpd | | |
| Storage of > 1,100 gallons of petroleum or chemical products | | |
| New or expansion of existing waste treatment and/or storage facilities | | |
| 12. Does the property contain any species of plant or animal life listed as rare, threatened, or endangered by New York State, the New York State Natural Heritage Program? | | |
| 13. Will the project substantially affect any non-threatened or non-endangered species? If yes, explain: | | |
| 14. Is the property substantially contiguous to, or does it contain, a building, site or district listed on the National or New York State Registers of Historic Places? | | |
| 15. Could the project affect the community or neighborhood character or adversely affect any aesthetic, agricultural, archaeological, or other natural or cultural resources? If yes, explain: | | |
| 16. Have any unique or unusual landforms been identified on site? If yes, explain: | | |

| | | |
|---|--|--|
| 17. Does the property contain scenic views known to be important to the community? If yes, explain: | | |
| 18. Is the subject property within 100' of any surface water(s) or regulated wetland(s)? If yes, show on plans. | | |
| 19. Is the parcel subject to existing covenants or restrictions? If yes, explain: | | |
| 20. Does the project require a change in zoning or a zoning variance? If yes, explain: | | |
| 21. Is there a public water wellfield within 1,500 feet of property boundaries? If yes, show on plans. | | |
| 22. Could the project result in any adverse effects associated with the production, storage, processing or disposal of solid wastes? If yes, explain: | | |
| 23. Will the property be mined? If yes, how much: | | |
| 24. Will there be a significant adverse impact to the community's source of fuel or energy supply? If yes, explain: | | |
| 25. Will there be a significant adverse impact to the quality or quantity of existing or future open space? If yes, explain: | | |

If the answer to any of the questions in Section 5 is "YES" please explain below:

Complete Instructions for filing an application are contained in the Bulletin "Application Requirements for Sewage Disposal Facilities & Water Supply Systems for Other Than Single Family Residences" (WWM-003). Before filing an application with the Department, you should be familiar with the "Standards for Approval of Plans and Construction for Sewage Disposal Systems for Other than Single Family Residences" and Article 6 of the Suffolk County Sanitary Code which describes conditions under which applications are required by this Department and the general qualifications for approval. Copies are available from the Department or at www.suffolkcountyny.gov/health under "Documents and Forms".

APPLICATION IS HEREBY MADE FOR A PERMIT IN ACCORDANCE WITH THIS APPLICATION, SURVEY(S) AND PLAN(S) SUBMITTED. I CERTIFY THAT THE INFORMATION ON ALL THE PAGES OF THIS APPLICATION AND ALL THE ATTACHMENTS HAVE BEEN REVIEWED BY ME AND THAT, BASED ON MY INQUIRIES, SITE INVESTIGATION(S) AND/OR OTHER STUDY(IES), I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Property Owner's Signature _____

Print Name _____ Date _____

Applicant's Signature _____

Print Name _____ Date _____

Design Professional's Signature _____

Print Name _____ License # _____ Date _____