

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES OFFICE OF WASTEWATER MANAGEMENT 360 YAPHANK AVENUE, SUITE 2C, YAPHANK, NY 11980 (631) 852-5700 Healthwwm@suffolkcountyny.gov	FOR OFFICE USE ONLY Health Department Ref. No.
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**Application Checklist for
 Realty Subdivision and Development**
 (Please Type or Print the Following Information)

Name of Proposed Subdivision or Development:		Hamlet		Town	
Tax Map No.	District(s)	Section(s)	Block(s)	Lot(s)	
Name of Applicant(s):			Name of Design Professional:		
S.C. Groundwater Management Zone:		Answer all questions with a checkmark <i>Key: Y- Required Attached, P – Required Pending, N/A – Not Applicable</i>			

Required Material			General Material		
Y	N/A		Y	N/A	
		Completed application form for Approval of Realty Subdivisions and Development (Form WWM-023)			For non-exempt maps w/ existing structures, certification of existing sanitary system and water supply (If system does not comply with standards an upgrade application must be submitted)
		Four (4) prints of the realty subdivision or development map			Yield map (20,000 sf or 40,000 sf lots)
		Completed S.C. short environmental assessment form with original signatures			Copies of existing covenants or easements
		NYS certificate of authorization or disclaimer			Copies of road abandonments

Coordination Material				Comments/Explanation
Y	P	N/A		
			SEQRA determination from the Town/Village	
			Planning Board/Zoning approval from the Town/Village	
			Water availability Letter from the water district	
			Sewer district sewer availability letter (other than SCDPW)	
			SCDPW Sewer District Availability letter	
			SCDHS Pollution Control approval for sanitary abandonment (required when abandoning commercial/industrial sanitary systems as part of the subdivision)	
			Schedule test well sample with the SCDHS Water Quality Unit	
			NYS DEC wetlands permit	
			Town/Village wetlands permit	
			Board of Review variance application for proposals exceeding SC Sanitary Code Article 6 density or not meeting construction standards	
			For proposals exceeding density, A letter attached to the application indicating the proposed means to offset density (TDR, Pine Barrens Credits, etc.)	
			Completed Transfer of Development Rights (TDR) Data Sheet with required documents (Form WWM-121) if TDR proposed	
			Application submitted to upgrade existing sanitary and water supply (Use application form WWM-057)	

Map Information

Y	N/A		Y	N/A	
		Location of existing structures, sanitary systems, and water supplies depicted and labeled (indicate if none)			For Residential subdivision – typical dwelling with sanitary and water supply depicted on each lot
		Label sanitary systems, water supplies, or structures that are to be removed			Typical lot layout depicted
		Metes and Bounds of proposed lot lines			Drainage shown in flag lot driveway or common driveways
		Tax map number stated			Water easement area labeled
		Lots labeled (i.e. Lot 1, Lot 2, etc.)			Water lines shown for flag lots
		Lot areas			For high groundwater – typical sanitary profile with invert and grade elevations depicted
		North arrow and Key map			Test Hole location/ data/ elevation/date/company depicted
		Scale (Engineering scale)			Soil classification based on unified soil Classification system
		SCDHS approval stamp language			Groundwater and highest expected groundwater elevation stated
		Neighboring water supplies stated (public water, private well, vacant) for all lots within 150ft of the subdivision			Corner elevations stated or 2ft contours
		Location of neighboring wells depicted for all lots within 150ft of the subdivision			Elevations based upon NAVD (1988), USC & GS Datum
		Location of existing and/or proposed water mains			For private wells, test well location depicted and labeled
		Location of existing and/or proposed sewer mains			For private wells, well detail depicted
		Location of surface waters/wetlands within 300ft of the property depicted			Land Surveyor original signature and seal (Either the seal or signature must be original)
		For commercial subdivisions, allowable flow calculation stated for each lot			Design professional statement on the plan and signed
		For commercial subdivisions with existing buildings, existing sanitary flow calculations provided			Design professional original signature and seal (Either the seal or signature must be original)

Additional Comments/Explanations:

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

APPLICANT’S SIGNATURE(S), (AGENT, ETC. NOT ACCEPTABLE) _____ DATE _____
 PRINT APPLICANT’S NAME (S) _____
 DESIGN PROFESSIONAL’S SIGNATURE _____ DATE _____
 PRINT NAME _____ LICENSE # _____