

**CAYUGA COUNTY HEALTH
DEPARTMENT**

**APPLICATION FOR APPROVAL OF FACILITIES FOR REALTY
SUBDIVISIONS**

No subdivision or portion thereof shall be sold, leased or rented or any permanent building erected thereon until plans are approved by the Cayuga County Health Department

Application is hereby made for the approval of plans for realty subdivision as required by the provision of Title 11 of Article 11 of the Public Health Law, and Title 15 of Article 17 of the Environmental Conservation Law.

GENERAL INFORMATION

1. Name of subdivision _____ Location _____
(Village or Town)
2. Owner _____
(State name of person, company, corporation or association, owning the subdivision)
3. Business address _____
City _____
4. Officers _____
(if organized, give names of officers)
5. Total area of entire property _____ Area of this Section _____
Total number of lots _____ Number of lots in this Section _____
Have plans for previous section been Approved _____ Disapproved _____
Will plans for additional section be submitted? _____
6. Do you intend to build houses on this subdivision? _____ Do you intend to sell lots only? _____
Do you intend to build on some lots and sell others without building? _____
7. Is this subdivision or any part thereof located in an area under the control of local planning, zoning or other officials? _____
If so, have these plans been submitted to such authorities? _____
Have these plans been approved or disapproved by such governing authority? _____
8. Topography _____
(State whether ground is flat, rolling steep or gently slope, etc.)
9. Grading: state depth of maximum cut _____ maximum fill _____

WATER SERVICE

10. Proposed method of potable water _____
(If public supply, give name of municipality)
11. If municipal public water supply, has the municipality agreed to supply water? _____
12. Approximate distance to nearest public water supply main of nearest municipal system _____
13. Is the proposed subdivision in an existing water district? _____

SEWERAGE SERVICE

14. Proposed method of collection and disposal of Sewage _____

15. If municipal public sewer, has the municipality agreed to provide sewerage facilities? _____

16. Approximate distance to nearest public sewer main of municipal system _____

(Give name of municipality)

DRAINAGE

17. Are there any low or wet areas that require drainage? _____
(yes or no)

Are there any watercourses, ditches, ravines which may be filled in? _____
(yes or no)

Is there an existing local drainage plan? _____ Have these plans been approved by the municipality? _____

Provision for surface drainage should be shown on plans.

GAS TRANSMISSION LINES

18. Does a high pressure gas transmission line pass through or within 300 feet of any lot in this subdivision? _____

If so, has its location been show accurately upon plans? _____

ADDITIONAL INFORMATION

19. Maximum number of bedrooms in completed house _____ Bedrooms in expansion attic _____

20. Cellar drainages: Are cellar or footing drains to be installed? _____

If so, show on plans how drainage will be disposed of.

21. Laundry wastes: Are laundry tubs to be located in basement? _____

If so, show on plans how waste will be disposed of.

It is hereby agreed that if the attached plans dated _____, or any amendment or revision thereof, are approved by the Cayuga County Health Department, installation of water supply and sewage disposal facilities will be made in accordance with the details thereof as shown on such approved plans. If the subdivided land, shown on such plans are sold before such installations are made, it is agreed that all purchasers of lots will be furnished with a legible reproduction of the approved plans and they will be notified of the necessity of making such installations in accordance with such approved plans.

DATE _____ **SIGNATURE** _____

OFFICIAL TITLE _____

The Statement must be signed by the owner of the land platted for subdivision or the responsible official of the company of corporation offering the same for sale.

TO BE FILLED IN BY PROFESSIONAL ENGINEER

The plans submitted with this application were prepared by me or under my supervision and direction.

Name (give Firm, if any) _____

Address _____

License and No. _____ Signature _____