



Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926

"Working Together for a Healthier Community"

health.clintoncountyny.gov



Public Health
Prevent. Promote. Protect.

Environmental Health & Safety Division

Phone: (518) 565-4870

Fax: (518) 565-4843

NOTICE OF INTENT

Notice is hereby given, as required by the New York State Sanitary Code, for the following proposal:

Name of Project: _____

Type of Project:	Subdivisions	Migrant Labor Camps	Mobile Home Parks	Other
	Campgrounds	Hotel/Motel	Bathing Facility	Water System

Please attach additional pages / plans if needed.

Is this a modification to an existing permitted facility? **YES** / **NO**

If "YES", name and type of facility _____

Exact location: _____

Township: _____ No. of Lots: _____ Tax Map No _____

Developer / Owner: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Design Engineer / Architect: _____

Address: _____

Phone No.: _____ Contact Person: _____

Person Completing this Form: _____ Date: _____

*Ask CCHD for Engineering Review Fee

SEE INSTRUCTIONS ON REVERSE SIDE



FOR HEALTH DEPARTMENT USE ONLY	FEE AMOUNT: _____
RECEIVED BY: _____	RECEIPT NO.: _____

Instructions

The following are some of the types of properties (facilities) regulated by the New York State Sanitary Code:

Swimming Pools / Bathing Beaches
Hotels / Motels
Public Water Supplies
Campgrounds / Travel Trailer Parks
Subdivisions
Mass Gatherings

Children's Camps
Marinas
Migrant Labor Camps
Mobile Home Parks
Food Service Establishments

The following changes, modification or construction are required to be reported:

- A new building or facility to be built.
- An existing building or facility that is to be enlarged or remodeled.
- An existing property that is not a regulated facility that is to be converted to a regulated facility without remodeling.
- The addition to or modifications of any system servicing the facility (Examples: water supply system, sewage treatment system, or fire alarm system).
- Any changes that may increase water consumption, and/or the volume or sewage requiring treatment, or both. In reporting such changes, list the number, if any, of the new fixtures/facilities (Example: bedrooms, dining, or seating capacities, toilet fixtures, lavatories, showers/bathtubs, dishwashing facilities, swimming pools, and/or camping travel trailer or mobile home sites).

For your information, the following are some of the **PERMITS** that may be required before you proceed:

Uniform Fire Prevention and Building Code, Local Zoning, State Pollution Discharge Elimination System (SPDES); Article 17 of the New York State Environmental Conservation Law, if applicable NYSDEC.
Adirondack Park Agency

This form must be returned to the Clinton County Health Department **30 days** prior to the date of the proposed construction, enlargement, or conversion. **NOTE:** Only 15 days notice is required for a temporary residence.

This notice may have to be supplemented by further information, plans or specifications as may be required by the Health Officials to whom it is submitted.



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