

ALLEN BEALS, M.D.
Commissioner of Health



MARYELLEN ODELL
County Executive

ROBERT MORRIS, P.E.
Director of Environmental Health

DEPARTMENT OF HEALTH
1 Geneva Road, Brewster, New York 10509
Phone # (845) 808-1390

ACCESSORY APARTMENTS – CONDITIONS FOR APPROVAL/RENEWAL

Approval is effective for a three year period. Please submit the following:

1. **Certified check** or **money order** for \$100.00.
2. Sketches of floor plans for both the main house and apartment (drawn to scale, all living area including basement) * Non-Professional sketches are acceptable.
3. Coliform bacteria water sample results from the apartment drinking water supply.
4. Septic tank pumping receipt plus a letter from the pumper that the tank is in satisfactory condition.
5. Copy of a site plan showing well, septic and parking area. Include date of installation if know. Label all wells and septic systems within 200 feet of the property line.
6. Copy of the Certificate of Occupancy from the Town Building Department with the **legal** bedroom count of the dwelling.

Approval by this department is for the water supply and subsurface sewage treatment system only. The applicant must apply for and receive approval from the individual town to occupy the accessory apartment and must comply with all applicable rules and regulations set forth by the town.

Failure to supply adequate quantity and quality of drinking water or a failure of the subsurface sewage treatment system may result in the immediate revocation of the approval by this department.

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ACCESSORY APARTMENT RENEWAL APPLICATION

Date: _____

STREET _____ TOWN _____ TAX MAP # _____

NAME _____ PHONE _____ PCHD # _____

MAILING ADDRESS _____

MAILING ADDRESS OF APARTMENT _____

NUMBER OF BEDROOMS IN MAIN HOUSE _____

NUMBER OF BEDROOMS IN APARTMENT _____

Please submit this form and the requirements on page two to the Putnam County Health Department at 1 Geneva Road, Brewster, New York 10509, Phone (845) 808-1390.

Approval is effective for a three year period. The applicant must reapply at the end of each period to renew the legal status of the apartment. Failure to do so will void said permit and, therefore cannot be renewed. A change of owners address or change of ownership for any residence holding a permit will also void said permit and cannot be renewed by the new owner a record.

Signature of Applicant

Approved Date From: _____ To: _____

By _____ Title _____