



## Health Department Instructions for Applying for a Community Private Disposal Sewage System Permit

This permit is required for the proposed construction and operation of individual private sewage disposal systems in subdivision realty developments involving 15 or more dwellings.

Permit application fee: \$1310.00

Annual Renewal fee: \$1870.00

*You may apply online or in person.*

### **Apply On-Line**

1. Go to [www.nyc.gov/healthpermits](http://www.nyc.gov/healthpermits), select the permit for which you are applying and review the prerequisites and required supporting documents.
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Document Checklist* below).
3. Create electronic versions of your supporting documents
4. Select Apply Online and you will register an account with the NYC Online Licensing system.
5. Complete the required information online, upload your supporting documents and submit payment.
6. Payment accepted: Credit/Debit Cards only.

### **Apply In Person**

1. Obtain an application packet by:
  - a. Calling 311 and ask for *Apply for a Community Private Disposal System* permit.
  - b. Download application forms and instructions from [www.nyc.gov/healthpermits](http://www.nyc.gov/healthpermits).
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Document Checklist* below).
3. Complete the Application for a Permit form and the Supplemental Forms.
4. Submit the Application form, Supplemental Forms, and all supporting documents, along with payment, to:

DCA Licensing Center  
42 Broadway, 5<sup>th</sup> floor  
Manhattan  
Hours: M, Tu, Th, Fr: 9 am – 5 pm; We: 8:30 – 5 pm
5. Payment Accepted: Money Order, Credit/Debit Cards, Checks (no cash accepted)

***Read the following sections thoroughly before you apply.***



## Health Department Instructions for Applying for a Community Private Disposal Sewage System Permit

### A. Important Information – *Read the Following Before You Apply for a Permit*

- **Before you begin the application process, please call the DOHMH Office of Public Health Engineering at (347) 396-6001 to receive guidance on how to submit your supplemental documents and plans.**
- Relevant Health Code Sections  
<http://www.nyc.gov/html/doh/html/about/health-code.shtml>
- Relevant New York State Department of Health Regulations  
<http://www.health.ny.gov/environmental/water/drinking/regulations/>
- New York State Department of Environmental Conservation  
<http://www.dec.ny.gov/lands/4997.html>
- NYC Building Permit Information  
[http://www.nyc.gov/html/dob/html/development/applications\\_and\\_permits.shtml](http://www.nyc.gov/html/dob/html/development/applications_and_permits.shtml)
- DEP Letter of Approval Procedures  
[http://home2.nyc.gov/html/dep/pdf/water\\_sewer/wqca\\_instructions.pdf](http://home2.nyc.gov/html/dep/pdf/water_sewer/wqca_instructions.pdf)
- Subpart 5 – NYS sanitary Code for Water Systems  
<http://www.health.ny.gov/environmental/water/drinking/regulations/>

### B. Application information that will be requested

1. A cover / scope of work letter. The letter must include a brief description of the facility background including building type and usage information, and a detailed discussion of the proposed system and the work to be performed.
2. Copy of the Sewer Discharge Permit issued by the New York City (NYCDEP).
3. A copy of Permission /approval for subsurface connection and disposal issued by the NYCDEP.
4. Transmittal letter.
5. Approval letter or an Electrical Inspection Completion Certificate from the New York City Department of Buildings (NYCDOB)
6. A Copy of Certificate of Occupancy issued by the Department of Buildings (DOB).
7. Certificate of Inspection for plumbing issued by the DOB.
8. Engineering plans of the facility, prepared, signed and stamped by a New York State licensed engineer or architect. Three copies must be submitted with application.
9. Manufacture's specification, engineering specification, and hydraulic calculations prepared, signed and stamped by a New York State licensed engineer or architect. One copy must be submitted with the application.

NOTE: Submission of all of the documents required for permit approval at the time of application is not required for DOHMH to initiate its review of your application. If you have any questions about the documents and application requirements listed above, please contact the DOHMH Office of Public Health Engineering (PHE) at 347-396-6001.



# Health Department Instructions for Applying for a Community Private Disposal Sewage System Permit

## Instructions for Completing an Application Form

New York City Health Code, Section 3.19 states: “No person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report, or other document required to be prepared pursuant to this Code. No person shall make a false, untrue or misleading oral statement to the Department as to any matter investigated by the Department.”

**NOTE: Any form with alterations, corrections, whiteout, etc., will not be accepted.**

Complete all sections of the application. If completing it by hand, please use ink and write in CAPITAL LETTERS.

**1. License or Permit Name**

- Enter the name of the permit or license you want to obtain. Example: Food Service Establishment

**2. Section A**

- Enter the individual owner's name, or all partners' names or corporation name in the box labeled "Name of Corporation, partnership or individual owner" (the permit will be issued to the corporation, partnership or person named here)
- Enter the name of the establishment in the space labeled "Trade Name/DBA"
- Provide the address where the establishment will be located. Please include in the space labeled "Premises Location" the floor, booth number, or store number where the establishment is to be located.
- Enter the establishment's telephone, fax and the email address (if any). All correspondence sent by email will be sent to this address.
- Provide your date of birth, if applying as an individual

**3. Section B**

- Enter the date you expect to start operating.

**4. Section C**

- Enter your New York State Tax Authority ID #. Not-for-Profit applicants should enter their Federal EIN . If applying as an individual, also enter your SSN. If you do not have a Social Security number, you may use an Individual Tax Identification Number (ITIN)

**5. Section D**

- Enter the mailing address if it is different from where the establishment is going to be located. All correspondence sent by mail will be sent to this address.

**6. Section E**

- Enter the name, home address, zip code, phone number, email address and title of the owner/all partners in the business/all principal officers in the corporation

**7. Section F**

- All applicants must complete the Workers' Compensation and Disability Insurance information requested and provide copies of proof of current insurance or form CE-200 stamped by the Worker's Compensation Board, indicating the Board received a sworn affidavit stating that such coverage is not required. An application for a permit will not be accepted without this information and proof

**8. Signature**

- Sign the application.
  - *Note: the person who signs the Application must be named in Section E.*
- Enter the title and telephone number of the person who signed the Application for Permit
- Indicate whether the applicant is 18 years of age or older.
  - *Note: applicants must be older than 18 years of age.*



## Health Department Instructions for Applying for a Community Private Disposal Sewage System Permit

**Checklist of Required Documentation for All New DOHMH Permit Applications** (Check individual permit guidelines (see Instructions) for additional permit-specific required documentation).

<b>Items Needed</b> <i>Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.</i>	<b>Legal Business Structure</b>		
	Individual	Partnership	Corporation or LLC
<b>Permit Application</b> <ul style="list-style-type: none"> <li>All applicable sections completed</li> <li>Supplemental Form(s) if applicable</li> <li>Signed by applicant (example: owner, officer, director or shareholder)</li> </ul>	✓	✓	✓
<b>Permit Fee</b> <ul style="list-style-type: none"> <li>See list of permit fees</li> <li>Credit card, money order or check payable to "DOHMH"</li> <li>Not-for-profits: no fee if proof of status is submitted (see below)</li> </ul>	✓	✓	✓
<b>Proof of Home Address</b> (one of the following) <ul style="list-style-type: none"> <li>Valid driver's license or non-driver ID</li> <li>Current lease or mortgage statement</li> <li>Utility bill, bank or credit card statement dated within the last 90 days</li> <li>"Affidavit of Home Address" form, completed by a person living with applicant and a recent utility bill or lease in that individual's name</li> </ul>	✓	✓ (needed for partnership of individuals only)	
<b>Photo Identification</b> One government-issued ID with photo, such as: <ul style="list-style-type: none"> <li>Driver's license or non-driver ID</li> <li>Alien Registration Card or Naturalization Certificate</li> <li>U.S. or foreign passport</li> </ul>	✓	✓	✓
<b>Proof of Sales Tax Collecting Authority</b> <ul style="list-style-type: none"> <li>Valid original NYS Certificate of Sales Tax Authority</li> </ul> <i>Obtain at <a href="http://www.nys-opal.com">http://www.nys-opal.com</a>. Complete Form DTF-17 on-line or mail it to New York State Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany, New York 12227. Takes 4-6 weeks.</i>	✓	✓	✓
<b>Proof of Incorporation</b> <ul style="list-style-type: none"> <li>Certificate of Incorporation (stamped to show it was filed with the New York State Department of State) or Filing Receipt issued by the NYS Secretary of State.</li> </ul> <i>If located outside of New York State, obtain "Certificate of Good Standing" from your Secretary of State and file with application for "Authority to Conduct Business in New York State" with NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply for this permit.</i>		✓ (needed for partnership of corporations or LLCs only)	✓
<b>Workers' Compensation &amp; Disability Insurance Coverage</b> <ul style="list-style-type: none"> <li>Submit proof of coverage effective when the establishment begins operation, including insurer's name, policy number, and expiration date. If such coverage is <i>NOT</i> required, submit Certificate of Attestation of Exemption (Form CE-200) from the NYS Workers' Compensation Board showing the applicant's Exemption Number and the date issued. See <a href="http://www.wcb.ny.gov">http://www.wcb.ny.gov</a>.</li> <li>List DOHMH as the certificate holder (<b>not</b> the policy holder)</li> </ul>	✓	✓	✓
<b>Payment of Outstanding Fines for DOHMH Violations</b> (if any) <ul style="list-style-type: none"> <li>Certified check, credit card or money order payable to "OATH Health Tribunal" (in person payment) or pay online with credit or debit card</li> </ul>	✓	✓	✓
<b>Proof of Not-for-Profit Status</b> (if applicable)* <ul style="list-style-type: none"> <li>Letter from the IRS stating not-for-profit status*</li> </ul>		✓	✓
<b>Power of Attorney or Authority to Act Affidavit</b> (if applicable) <ul style="list-style-type: none"> <li>If someone else will turn in the application for you</li> </ul>	✓	✓	✓