

*Town of Plattekill
Building Department
Requirements before Building Permit can be issued
(845) 883-7331 Ext: 21*

****NOTIFICATION FOR INSPECTION MUST BE 24 HOURS IN ADVANCED**
****INSPECTIONS WILL BE DONE ACCORDING TO BUILDING INSPECTORS
AVAILABILITY******

*******HOUSE PERMITS HAVE A MINIMUM OF A TWO WEEK
WAITING PERIOD FOR APPROVAL*******

1. Application: Completely filled out.
2. Fee: New Construction \$400.00 plus \$.15 sq ft.
Commercial \$550.00 plus \$.15 sq ft.
3. Two Sets of Plans: Plans must bear the seal of a New York State Architect or Engineer if cost of construction or alterations exceeds \$20,000.00 or involves A structural change affecting public safety, including Energy Codes Certification.
4. Survey: Up to date survey, bearing the seal of a licensed N.Y.S Surveyor
5. Copy of Deed: If not on file with the Assessor's Office
6. Insurance Certificate: Workman's Compensation and/or Liability
7. Approval Highway if Applicable:
New York State – Jim Plass – 562-4094
Ulster County – Kim DeFresne – 340-3100
Town of Plattekill – Robert Wager – 883-5910
8. Permit to Construct Waste Disposal System.
Ulster County Health Dept. Chris Kresser 340-3016
9. Certificate of Occupancy Inspection: \$75.00 Re-Inspection: \$75.00

****ANY OTHER INFORMATION THAT MIGHT BE NECESSARY FOR A MORE
COMPREHENSIVE REVIEW BY THIS DEPARTMENT.**

******APPLICANTS ARE TO KEEP THIS COPY FOR THEIR RECORDS AND TO
REMINDE THEM WHEN INSPECTIONS ARE TO BE DONE******

*******HOUSE PERMITS HAVE A MINIMUM OF A WAITING PERIOD FOR
APPROVAL*******

REQUIRED INSPECTIONS:

**** NOTIFICATION FOR INSPECTION MUST BE 24 HOURS IN ADVANCE****
****INSPECTIONS WILL BE DONE ACCORDING TO THE BUILDING INSPECTORS AVAILABILITY****

1. SITE INSPECTION: Prior to excavation with corners Staked.
2. FOOTING INSPECTION: Prior to concrete with all forms in place.
3. BACKFILL INSPECTION: Footing Drains (not covered)
Walls Tarred or Waterproofed
**** *First Decking has to be installed before backfill is done.* ****
4. UNDERGROUND PLUMBING: Cast iron soil piping in place prior to Cover.
5. SLAB INSPECTION: Prior to concrete slab pour with insulation and polyethylene in place.
6. ROUGH FRAMING: Sheathing and roofing in place.
7. ROUGH PLUMBING: Prior to insulation; air filled potable water lines minimum 60 p.s.i. for 24 hours.
8. ROUGH ELECTRICAL:
Needs to be done by a New York State Electrical Inspector
9. INSULATION: Prior to sheet rock installation
10. FINAL ELECTRICAL:
11. FINAL BOARD OF HEALTH: (Is Necessary)
12. FINAL INSPECTION: (Items necessary for Certificate of Occupancy)
 - Final Electrical Certificate
 - Final Survey
 - Final Health Department Approval (Is Necessary)
 - Driveway Approval (Is Necessary)



**Town of Plattekill
 Building Department
 P.O. Box 45
 Modena, New York 12548
 Phone: (845) 883-7331 Fax: (845) 883-7207**

Section: _____ Block _____ Lot _____

Owner & Address **Builder & Address** **Architect & Address**

Phone: _____ Phone: _____ Phone: _____

Location of project: _____

Project

Proposed use: _____ Cost of Construction: _____

Description of project: _____

Number of Stories above grade: _____ Total height above grade: _____

Type of foundation (full, slab on grade and / or crawl): _____

Type of Construction: (Frame, Modular, Manufactured Mobile,): _____

Nature of work: (New, Addition, Alteration, Removal): _____

Number of Bathrooms: _____ Number of Bedrooms: _____ Number of Kitchens: _____

Type of Heat (Oil, Electric, Kero, Coal): _____

Dimensions of new Construction: _____ If garage, number of cars: _____

Setbacks to any existing structures: _____

Property

Lot Size: _____ Zoning District: _____ Fire District: _____

Road frontage _____ ft. Property offsets: Front _____ Sides _____ Rear _____

General

List all business, commercial and any mixed occupancy. Specify nature and extent of each type of use: _____

Name of Compensation Insurance Carrier: _____

Policy: _____

Exp. Date: _____

Note: Before the building for which a permit is issued can be used for any purpose, the owner must obtain a Certificate of Occupancy from the Building Inspector as provided in Section 32-14A of the Town of Plattekill Code.

****All electrical work must be inspected by and a Certificate of Approval obtained from an authorized electrical inspection agency.**

****IMPORTANT-Do not pour footings until the location of building on lot, and soil has been inspected.**

I hereby certify that the statements and data on this application are correct and true to the best of my knowledge and belief:

Signature: _____

Date: _____

Title: _____

ACTION BY BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER

The Foregoing application and accompanying plans and specifications have been examined and considered, and the following action taken by me:

_____ Application Granted

_____ Application Denied

_____ Referred to ZBA

_____ Referred to Planning Board

Reasons and/or Remarks: _____

Date: _____, _____ Permit # _____

Building Inspector/Code Enforcement

HOW TO OBTAIN A DRIVEWAY PERMIT

The Town of Plattekill requires a driveway permit to be obtained prior to creating any entrances or exits onto Town Roads and/or reviewing a Building Permit.

Before construction, an application must be completed and returned to the Highway Superintendent, and fees remitted to the Town Supervisor.

The fees are as follows:

- a) Non-refundable inspection fee of fifty dollars(\$50.00)
- b) Cash bond or certified check of five hundred dollars (\$500.00). These monies are refundable upon the satisfactory completion of the driveway construction. The bond is utilized to repair damage that might occur to Town Roads as a result of the driveway construction or to correct or install driveways if not constructed to the satisfaction of the Highway Superintendent.

Once the fees and application have been submitted, and prior to construction, the Highway Superintendent will meet with the applicant to review and approve the location, construction of the driveway, and establish an inspection schedule.

During the construction process, it is the responsibility of the applicant to contact the Highway Superintendent for inspections of the construction.

Once the driveway has been constructed to the satisfaction of the Highway Superintendent, the cash bond will be released.

If you have any questions about or during this process, please contact the Highway Superintendent anytime at his office:

Robert Wager Sr.
P.O. Box 45
Modena NY 12548
(845)883-5910

**Town Of Plattekill
Application For A Driveway Permit**

Date: _____ Applicant Name: _____

Property Owner Name If Different: _____

Property Owners Phone #: _____

Applicant Address: _____

Address Of Property: _____

Address Where to Return Funds: _____

Tax Map SBL# _____

Applicant Phone #: _____

Name Of Contractor: _____ Phone #: _____

Anticipated Date to Begin Construction: _____

Anticipated Date of Completion: _____

Purpose For The Driveway: _____

Attach Property Map or Sketch of Property With Drawing of Proposed Driveway.

Map Must Include Defined Wetlands.

Mark The Location Of The Proposed Driveway And Road Frontage Boundaries.

Submit Payment To The Town Clerk's Office Or Town Supervisor's Office.

Acceptance of a Completed Application Does Not Constitute an Approved Permit. The Applicant Agrees To Perform The Work As Defined By Local Law #1 of 2021 And Any Requirements Listed On The reverse Side Of This Application.

**Signature Of Applicant: _____

***** For Town Hall Office Use Only*****

Fees Paid:

Application Fee: _____ Date: _____ Check# Or Other: _____

Bond Fee: _____ Date: _____ Check# or Other: _____

Fees Received By: _____

See Reverse Side For Construction Notes and Comments And Approvals.

** Sight Distance, Driveway Entrance Sub-base and Stormwater Considerations Will Be A priority Before Any Building Construction May Start.

Town Of Plattekill
Application For A Driveway Permit
******* For Highway Superintendent Use*******

Preconstruction Meeting Date & Time: _____

Sight Distance Requirements: _____

Driveway Dimentions: _____

Culvert Pipe:Requirements: _____

Grading Requirements: _____

Sub-base And Final Top Material Requirements: _____

Misc Notes: _____

****Signature Of Applicant:** _____ **Date:** _____

Entrance And Culvert Pipe Installation Inspection: _____

Sight Distance Inspection: _____

Final Inspection: _____

Reason For Failure: _____

Final Approval or Disapproval _____

Date

**INSTRUCTIONS FOR
RESIDENTIAL (INDIVIDUAL) SUBSURFACE SEWAGE DISPOSAL SYSTEMS**

- Complete enclosed application
- Enclose a check or money order for \$400.00 made payable to:

Ulster County Commissioner of Finance

ALL PERMIT APPLICATION FEES ARE NON-REFUNDABLE

** Please note: A fee of \$20.00 will be charged by the Ulster County Department of Health for any checks that are returned to our Department from the Bank.*

- Mail application, drawings and fee to:

**Ulster County Department of Health
Environmental Health Services Division
239 Golden Hill Lane
Kingston, NY 12401**

- Make appointment for inspection and deep test holes after application is submitted to this Department.
- Supplemental Instructions:

The processed application will be valid for a period of five (5) years from receipt by the UCDOH.

In accordance with the State Education Law, plans for residential (individual) subsurface sewage disposal systems must be prepared by a design professional (professional engineer or registered architect) licensed to practice in New York State by the State Education Department (SED).

New York State Department of Health's (NYSDOH) standard 10NYCRR Appendix 75-A, "Wastewater Treatment Standards –Residential Onsite Systems", and the UCDOH Sanitary Code shall apply to all residential (individual) subsurface sewage disposal systems designed and constructed in Ulster County.

The UCDOH recommends that these standards be used in conjunction with the NYSDOH "Residential On-Site Wastewater Treatment System Design Handbook", latest edition.

This handbook and NYSDOH Appendix 75-A apply to systems discharging residential wastewater flows of 1,000 gallons per day (gpd) or less from year-round and seasonal dwellings.

□ Engineering design drawings shall include at a minimum the following information:

1. An inset site location map;
2. PE/AIA stamp with signature;
3. Deep-hole and percolation test locations and results within the primary and reserve areas;
4. Field contours shall be shown, using two (2) feet maximum interval in the location of the house or facility, Sewerage System and well. Contours elsewhere shall be a maximum of five (5) feet and the origin referenced;
5. Calculations showing proposed system load, soil application rate(s), quantity and length of distribution laterals (includes absorption beds and seepage pit sizing);
6. System elevation detail showing trench and fill section;
7. Overall footprint on plat for the proposed system;
8. Details for septic tank, distribution box and drop boxes;
9. Dosing system calculations and pump/flout details including chamber and on/off/alarm/reserve volume depth settings
10. 100% reserve system; note proposed technology, number & length of laterals, (or "same as primary" if applicable), and overall footprint on plat;
11. Water well; show minimum 100' radius to absorption field and typical well system detail;
12. Well statement ("Well shall be constructed per NYSDOH Appendix 5-B, "Standards for Water Wells", latest edition"); and
13. A minimum of two copies shall be submitted for UCDOH approval.

ULSTER COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION
239 GOLDEN HILL LANE
KINGSTON, NEW YORK 12401
845-340-3010

APPLICATION FOR AND REPORT OF INSPECTION
OF INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

THIS IS NOT A PERMIT TO CONSTRUCT

- Please complete the following:

Date: _____
Name of Property Owner/Buyer _____
Present Mailing Address _____
Telephone _____
Location of Property _____
Tax Map Number _____ Township _____
Realty Subdivision Name _____
Section or Block _____ Lot Number _____
Engineer Name _____
Address _____
Telephone _____
Lot Size _____ Feet Wide _____ Feet Deep _____
Total Number of Bedrooms _____
Washing Machine: Yes _____ No _____
Garbage Grinder: Yes _____ No _____
Septic Tank Size (Gallons) _____
Depth of Bedrock _____
Depth of Groundwater _____

Stabilized Percolation Rate _____

NOTE: AN ORIGINAL APPLICATION AND SIGNATURE IS REQUIRED

- Please submit with application:
An Application Fee of \$400.00
Payable by Check or Money Order to: Ulster County Commissioner of Finance

Note: Application for Permit to Construct will not be processed without payment.

ALL PERMIT/APPLICATION FEES ARE NON-REFUNDABLE

OWNER'S SIGNATURE _____

SEWAGE DISPOSAL SYSTEM SEPARATION REQUIREMENTS

Include a scaled drawing or survey map showing the proposed location of the subsurface sewage disposal system, 100% sewage reserve area (12,500 square feet in subdivisions), driveway(s) and well(s) on this property. The sketch must also include locations of well(s) and septic(s) on adjacent properties.

NOT TO BE COMPLETED BY APPLICANT

Inspected by: _____ on _____ 20____

Accompanied by: _____

DESCRIPTION OF WORKS, SUCH AS NUMBER, NAME AND CAPACITY OF UNITS:

INSTALLATION OF:

- () _____ gallon septic tank
- () _____ water tight distribution box(es).
- () Tile field with _____ lineal feet of pipe in 2 foot trenches placed _____ foot on center, with a minimum of 12" of #1 and #2 crushed stone to encompass soil pipe to the width of trench, with 6" of stone under pipe.
- () _____ run-of-bank gravel fill, with all laterals tied in, minimum of 3' of fill under laterals and 8' from center of outside laterals to edge of fill.
- () Minimum separation of 100' from well, 100' from any classified stream, spring, brook, marsh or any other body of water, 50' from any storm water swales and 15' from the property line.

INSPECTORS' COMMENTS

FOR USE BY THE ULSTER COUNTY DEPARTMENT OF HEALTH

It is the opinion of the Ulster County Department of Health that this Sewage Disposal System _____ expected to function satisfactorily and is _____ likely to create an unsanitary condition, with reasonable usage and proper maintenance.

DATE _____ SIGNATURE _____

INSTRUCTIONS

Procedure: (1) At least two percolation tests shall be performed within the proposed absorption area. At least one percolation test should also be performed within the proposed absorption system expansion area.

(2) Dig each hole with vertical sides approximately 12 inches in diameter. If an absorption field is being considered, the depth of test holes should be 24 to 30 inches below final grade or at the projected bottom of trenches in shallower/deeper systems. If a seepage pit must be used, percolation tests should be conducted at one-half the projected depth and at the full estimated depth of the seepage pit. The sides of the percolation holes should be scraped to avoid smearing. Place washed aggregate in the lower two inches of each test hole to reduce scouring and sifting action when water is poured into the hole.

(3) Presoak the test holes by periodically filling the hole with water and allowing the water to seep away. This procedure should be performed for at least four hours and should begin one day before the test, except in clean, coarse sand and gravel. After the water from the final presoaking has seeped away, remove any soil that has fallen from the sides of the hole.

(4) Pour clean water into the hole, with as little splashing as possible, to a depth of six inches above the bottom of the test hole.

(5) Observe and record the time in minutes required for the water to drop from the six inch depth to the five inch depth.

(6) Repeat steps (4) and (5) a minimum of three times until the time for the water to drop from six inches to five inches for two successive tests is approximately equal (i.e., ≤ 1 min. for 1-30 min./inch, ≤ 2 min. for 31-60 min./inch). The longest time interval to drop one inch will be taken as the stabilized rate of percolation.

(7) If different results are obtained for multiple holes in a proposed absorption area, the slowest stabilized rate shall be used for system design.

I _____ the undersigned certify that the percolation tests were conducted by me or under my direction in accord with the above procedure. The data and results are true and correct.

Date: _____

Signature: _____

License No. (P.E., R.A., L.S.) _____

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Community Sanitation and Food Protection

See Instructions on reverse side.
Development/Site: _____

Percolation Test Data

Date: _____

Tests Conducted By: _____

(T/N/C): _____

County: _____

Test Hole No.	Test Hole Depth (Inches)	Lot No.	Soil Profile	Prisoaking Date & Time	Time	Percolation Test Runs					
						1	2	3	4	5	6
					END						
					BEGIN						
					RESULT						
					END						
					BEGIN						
					RESULT						
					END						
					BEGIN						
					RESULT						
					END						
					BEGIN						
					RESULT						

1. Begin time, end time and result in minutes for a water elevation change from 6" to 5" above the bottom of the test hole.