



CATTARAUGUS COUNTY HEALTH DEPARTMENT

PLAN REVIEW FEE DETERMINATION SCHEDULE



1. Determine what fee(s) apply to your project.
2. Enter total at bottom of form; sign and date where indicated.
3. Make check payable to the “**Cattaraugus County Health Department**” for total amount.
4. Mail this form with the check, accompanied by all appropriate applications, drawings, reports, etc. to the Health Department office in Olean: 1 Leo Moss Drive, Suite 4010, Olean, New York 14760-1154.

Name of Facility/Project Description: _____

Mailing Address of Applicant: _____

<u>Type of Project</u>	<u>Fee</u>	<u>Fee Calculation</u>
Onsite Sewage Treatment System		
Less than 1,000 gpd	\$ 70.00	_____
Greater than 1,000 gpd	\$ 120.00	_____
Mobile Home Park (Site Plan)	\$ 120.00	_____
Campground (Site Plan)	\$ 120.00	_____
Realty Subdivision (Per Lot)	\$ 25.00 *	_____
Public Bathing Facility		
Pool/Spa (Per Filter System)	\$ 170.00	_____
Beach	\$ 70.00	_____
Public Water Supply		
Treatment	\$ 170.00	_____
Distribution	\$ 170.00	_____
Storage	\$ 120.00	_____
Source	\$ 120.00	_____
Cross Connection Control (Per Service)	\$ 70.00	_____
Sanitary Sewer Extension	\$ 170.00	_____
Food Service Establishment		
New Construction	\$ 120.00	_____
Renovation	\$ 70.00	_____
Mass Gathering (Site Plan)	\$1,000.00	_____
	TOTAL	_____

Certification Statement: I hereby certify that the statements made above are accurate to the best of my knowledge.

Signature of Operator/Applicant

Title

Date

*Fee established by New York State

(Rev. 5/2017)