

**ALBANY COUNTY DEPARTMENT OF HEALTH  
SOUTH FERRY & GREEN STS.  
ALBANY, NEW YORK**

**APPLICATION FOR APPROVAL OF SANITARY FACILITIES FOR REALTY SUBDIVISIONS**

**NOTE:** (Law requires that no subdivision or portion thereof shall be sold, leased or rented or any permanent building erected thereon until plans are approved by Albany County Department of Health.)

Application is hereby made for the approval of plans for a realty subdivision as required by the provisions of Article X of the Albany County Sanitary Code.

**GENERAL INFORMATION**

1. Name of Subdivision \_\_\_\_\_ Location \_\_\_\_\_  
(Village, Town or City)
2. Owner \_\_\_\_\_  
(State name of person, company, corporation or association owning the subdivision)
3. Business Address \_\_\_\_\_
4. Officers \_\_\_\_\_  
(If organized, give names of Officers)
5. Total area of entire property \_\_\_\_\_ Area of this Section \_\_\_\_\_  
Total number of lots \_\_\_\_\_ Number of lots in this Section \_\_\_\_\_  
Will plans for additional sections be submitted? \_\_\_\_\_
6. Do you intend to build houses on this subdivision? \_\_\_\_\_ Do you intend to sell lots only? \_\_\_\_\_  
Do you intend to build on some lots and sell others without building? \_\_\_\_\_
7. Is this subdivision of any part thereof located in an area under the control of local planning, zoning or other officials? \_\_\_\_\_ If so, have these plans been submitted to such governing authorities? \_\_\_\_\_  
\_\_\_\_\_ State if these plans have been approved or disapproved by such governing authorities.  
\_\_\_\_\_
8. Nature of soil above rock \_\_\_\_\_  
(Describe giving thickness of various strata such as top soil, loam, gravel, rock, etc.)  
\_\_\_\_\_ Type of Rock \_\_\_\_\_  
(Shale, limestone, sandstone)  
How determined \_\_\_\_\_ By whom \_\_\_\_\_
9. Topography \_\_\_\_\_  
(State whether ground is flat, rolling, steep or gentle slope, etc.)
10. Grading: state depth of maximum cut \_\_\_\_\_ maximum fill \_\_\_\_\_
11. Depth to water table: Maximum \_\_\_\_\_ Minimum \_\_\_\_\_ Date Determined \_\_\_\_\_  
(Give maximum and minimum if there is any variation)  
How was depth determined \_\_\_\_\_

**WATER SERVICE**

12. Proposed method of supplying water \_\_\_\_\_  
(If public water supply, give name of municipality, water district or company)
13. State approximate distance to nearest public water supply main of municipal system \_\_\_\_\_

**SEWER SERVICE**

14. Proposed method of collection and disposal of sewage \_\_\_\_\_  
(Give name of municipality or sewer district if public sewers are to be used)
15. State approximate distance to nearest public sewer main of municipal system \_\_\_\_\_  
(Give name of municipality or sewer district)

## DRAINAGE

16. Does there exist any low or wet areas that require drainage \_\_\_\_\_ or any watercourses, (yes or no)  
ditches or ravines which may be filled in \_\_\_\_\_ (yes or no)

Describe provisions for handling such problems if not shown on plans \_\_\_\_\_

17. State arrangements for disposing of surface water from streets and other areas \_\_\_\_\_

### SUBDIVISION OWNERS WHO INTEND TO BUILD HOMES MUST SUBMIT THE FOLLOWING ADDITIONAL INFORMATION:

18. Number of bedrooms in completed house \_\_\_\_\_ Number in expansion attic \_\_\_\_\_

19. Will garbage grinders be installed? \_\_\_\_\_ Laundering machines? \_\_\_\_\_

20. Cellar drainage: Are cellar or footing drains to be installed? \_\_\_\_\_

21. Laundry wastes: Are laundry tubs to be located in the basement? \_\_\_\_\_

If so, show on plans how wastes will be disposed of.

It is hereby agreed that if the attached plans dated \_\_\_\_\_, or any amendment revision thereof, are approved by the County Department of Health, installation of water supply and sewage disposal facilities will be made in accordance with the details thereof as shown on such approved plans and the rules and regulations of the Health Department. If the subdivided lands, shown on such plans are sold before such installations are made, it is agreed that all purchasers of lots will be furnished with a legible reproduction of the approved plans and they will be notified of the necessity of making such installations in accordance with such approved plans.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Official title \_\_\_\_\_

The statement must be signed by the owner of the land planned for subdivision or the responsible official of the company or corporation offering the same for sale.

### TO BE FILLED IN BY PROFESSIONAL ENGINEER:

The plans submitted with this application were prepared by me or under my supervision and direction. Private sewage disposal systems where and if shown on plans were designed after careful and thorough study of local soil and ground water conditions.

Name: (Give Firm, if any) \_\_\_\_\_

Address: \_\_\_\_\_

License and No. \_\_\_\_\_ Signature \_\_\_\_\_

### IMPORTANT NOTES

- (1) The plans shall show all information required by the Albany County Department of Health and such other information as may be required because of special local features or conditions.
- (2) Plans must be prepared so as to be completely legible and to permit satisfactory reproduction by microfilming processes.
- (3) One white print on cloth shall be submitted for filing with the Department if approved together with such other prints as may be required for filing with the county clerk, local planning board, and the subdivision owner. Size of the plan: 20" x 20" or 20" x 40".
- (4) A LOCATION DIAGRAM (scale about 1" = 3,000') showing the situation of the subdivision with respect to main roads, prominent streams, *etc.*, shall be shown on the plans.
- (5) A KEY MAP (scale about 1" = 400') shall be shown on the plans if there are several Sections of the subdivision, outlining the relative location of the subject section with respect to the rest of the subdivision.
- (6) Inasmuch as a stamp of approval must be placed on the face of the plans, a space 3" x 6" should be reserved for this purpose. This space must be blocked out in white if blueprints are submitted.