

Westchester County Change of Use Application Form

Property Information

1. Property Name: _____
Property Location (provide full address): _____ State: _____ Zip: _____
Tax Map # (Sec/Blk./Lot): _____ - _____ - _____ Municipality: _____
2. Property Owner Name: _____
Mailing Address : _____ State: _____ Zip: _____
Telephone: Home: _____ Work: _____ Cell: _____
Owner E-mail Address: _____
3. Property Use: Mixed Use Industrial commercial Other - describe: _____
4. Is the property located on NYC Watershed: Yes No
5. Facility Name (if different): _____
Facility Owner/Lessee: _____
Facility Address (if different): _____ State: _____ Zip: _____

Existing Onsite Wastewater Treatment System (OWTS) /Water Supply Information

6. Is there an OWTS approved by WCDH: Yes No WCDH File #: _____ Attach copy of WCDH Approval
7. Does property have a NYSDEC SPDES Permit? Yes No If Yes: Permit # _____ Attach a copy of SPDES Permit
8. Domestic water supply source: Public Private Well If Public Name _____
9. Is property located in a County Sewer District: Yes No If Yes, Name _____
10. Date septic tank last pumped: _____
11. Was there any evidence of exposure or discharged septage onto ground surface reported on the Septic System Data Form (SSDF): Yes No NA (septic tank pumped prior to January 24, 2008)

Proposed Change of Use

12. Describe proposal _____

13. Are there water meter records for the property: Yes No Attach copy of water records for one year
14. Is there a Food Service Establishment on premises Yes No If yes: Name: _____
15. Is it expected that the proposed change in use will result in an increase in flows to the existing OWTS: Yes No
16. Provide a copy of plans of building showing existing and proposed space.

II. PROPERTY OWNER (SIGNATURE REQUIRED)

NAME _____

SIGNATURE _____

DATE _____

FACILITY OWNER/LESSEE (SIGNATURE REQUIRED)

NAME _____

SIGNATURE _____

DATE _____