



# Tioga County Public Health

Health & Human Services Building | 1062 State Route 38, Owego, NY 13827

Phone: 607-687-8600 | Fax: 607-223-7030 | [ph.tiogacountyny.gov](http://ph.tiogacountyny.gov)

Heather Vroman, MPH, MSEd., Public Health Director



## Application for a Permit to Operate: Temporary Residences & Migrant/Farmworker Camps

Complete all items that apply to your establishment, sign and date on the last page and return with all required documentation and appropriate fee **30 days** prior to the expected opening date to:

**Tioga County Public Health, 1062 State Route 38, Owego, NY 13827**

### Accepted forms of payment:

Cash, check made out to *Tioga County Treasurer*, or electronic payment via:

[https://payments.municipay.com/ny\\_tiogacountyph](https://payments.municipay.com/ny_tiogacountyph)

#### Temporary Residences

(Hotels, Motels, Cabin Colonies)

5-25 Rooms \$150.00

26-74 Rooms \$275.00

75+ Rooms \$400.00

\*Plan Review \$40.00/per room + Engineer Fee if applicable

#### Migrant/Farmworker Camp

\$200.00 + Engineer fee if applicable

**\*Plan Review is an additional charge (if applicable) for new facilities; prior to submitting please call (607) 687-8600 Option 1 for details.**

**FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN A DELAY IN PERMITTING. OPERATING WITHOUT A PERMIT WILL RESULT IN IMMEDIATE CLOSURE AND ENFORCEMENT ACTIONS.**

### Section A: Facility Information

Facility Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Status:  For-Profit  Non-Profit

Expected Opening Date: \_\_\_\_\_ Expected Closing Date: \_\_\_\_\_

Hours of Operation: Open \_\_\_\_\_  am  pm Close \_\_\_\_\_  am  pm

Days Sun Mon Tues Wed Thur Fri Sat

Water Supply (Choose one):

Public (municipal)

Private (onsite); additional fee, see [Fee Schedule](#)

Sewage System (Choose one):

Public (municipal)

Private (onsite)

Operations Under this Registration: (Select All that Apply)

Hotel  Motel  Cabin Colony  Migrant/Farmworker Camp

List Number of Rooms or Units for Selected Operation: \_\_\_\_\_

Section B: Operator/Owner Information

Legal Operator or Operating Corporation: \_\_\_\_\_
Contact Person (If not Legal Operator): \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Section C: Required Workers' Compensation and Disability

Check the appropriate boxes and submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Workers' Compensation and Disability Insurance IF PROVIDED:

Workers' Compensation (Choose ONE):

- Form C-105.2-Certificate of Workers' Compensation Insurance
Form U-26.3-Certificate of Workers' Compensation Insurance
Form SI-12-Certificate of Workers' Compensation Self-Insurance
GSI-105.2-Certificate of Participation in Workers' Compensation Self-Insurance

AND

Disability Insurance (Choose ONE):

- DB-120.1-Certificate of Disability Benefits
Form DB-155-Certificate of Disability Benefits Self-Insurance

B. Workers' Compensation and Disability IF NOT PROVIDED:

- Form CE-200-Certificate of Attestation of Exemption

Section D: Signature MUST BE COMPLETED

False statements made on this application are punishable under Penal Law.

Failure to sign this form may delay issuance of your permit to operate. Operation without valid permit is a violation of the New York State Sanitary Code.

Signature of individual operator or authorized official \_\_\_\_\_
Print name of person signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Permit Effective: \_\_\_\_\_
Permit Expiration: \_\_\_\_\_
Conditions of approval: \_\_\_\_\_
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_