DUTCHESS COUNTY DEPARTMENT OF HEALTH
85 Civic Center Plaza, Suite 106 Poughkeepsie, NY 12601
845-486-3404

Application for Extension of Approval

Instructions: Please fill out Sections A, B, and C completely and submit to DCDOH with the non-refundable fee of $200 for the first lot and $125 for each additional lot.

SECTION A. OWNER INFORMATION

Name _____

Mailing Address _____

_____

Tel. # _____

Email: _____

SECTION B. PROPERTY INFORMATION

Tax Parcel Number _____

Parcel Address _____

_____

Subdivision Name (if applicable) _____

Lot # (If applicable) _____

Have any changes been made to the property since it was approved? Yes☐ No☐

If yes, please describe changes._____

SECTION C. OWNER'S CERTIFICATION

I, _____, owner of the above referenced property certify that the above information is correct. By submitting this application I am requesting that the original Dutchess County Department of Health approval be extended if it meets the standards required to do so.

_____ _____
(Signature) (Date)

Office Use Only

Fee amount _____ Received on _____ File number _____