



DUTCHESS COUNTY HEALTH DEPARTMENT
 387 Main Street
 Poughkeepsie, NY 12601
 845-486-3404

Application for Extension of Approval

Instructions: Please fill out Sections A, B, and C completely and submit to DCHD with the non-refundable fee of \$188 for the first lot and \$125 for each additional lot.

SECTION A. OWNER INFORMATION

Name _____

Mailing Address _____

Tel. # _____

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 A. 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 Health Department approval be extended if it meets the standards required to do so.

(Signature)

(Date)

Office Use Only

Fee amount _____ Received on _____

File number _____