



# ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401 (845) 340-3150, Fax (845) 334-8337

**MICHAEL P. HEIN**  
*County Executive*

**CAROL M. SMITH, MD, MPH**  
*Commissioner of Health*

Dear Temporary Residence Owner/Operator:

Enclosed is an application for a permit to operate a Temporary Residence in Ulster County for the period **beginning December 1** and ending **November 30** of the following year for a **Year Round Residence** **OR** for the period **beginning June 1** and ending **May 31** of the following year for a **Seasonal Residence**. **This application and the appropriate fee(s) must be submitted before a permit can be issued. Please be advised that operating without a valid permit is a violation of Part 7-1 of the New York State Sanitary Code and may subject you to an administrative enforcement action and may result in closure.** Also, it is the responsibility of the owner and/or operator of a temporary residence to notify the Ulster County Department of Health in writing of any changes in the status of the operation of your establishment (e.g. closing, change of ownership, etc.). **Temporary Residence permits are not transferable.**

The following **must** be completed and returned in order for your application to be processed. The application **cannot be processed** if **any** of the required information below is missing or incomplete. If you have any questions regarding the enclosed application, please call Denise Woodvine at (845) 340-3019.

- Complete the enclosed application
- Enclose copies of **\*Workers' Compensation and Disability** forms or signed CE-200 Exemption form
  - \*New York State Law requires every facility to have workers' compensation and disability insurance or to have a CE-200 Exemption form from the New York State Workers' Compensation Board. See page 4 of the application and the enclosure for instructions and the forms that must be submitted.**
- Enclose appropriate payment of fee(s) by check or money order payable to: **Ulster County Commissioner of Finance**

The fee schedule for Temporary Residences is as follows:

**TEMPORARY RESIDENCE - YEAR ROUND**

1 – 10 Units.....	\$100.00
11 - 20 Units.....	\$150.00
21 - 100 Units.....	\$250.00
More than 100 Units.....	\$500.00

**TEMPORARY RESIDENCE – SEASONAL**

1-10 Units.....	\$100.00
11-50 Units.....	\$150.00
More than 50 Units.....	\$250.00

**Water Sample (when required).....\$ 40.00**

**Returned check fee .....\$ 20.00**

**ALL APPLICATION/PERMIT FEES ARE NON-REFUNDABLE**

Return all of the above to:

**Ulster County Department of Health  
Environmental Health Services Division  
239 Golden Hill Lane  
Kingston, New York 12401**