



# ULSTER COUNTY DEPARTMENT OF HEALTH

300 Flatbush Avenue, Kingston, NY 12401-2740, (845) 340-3150, Fax (845) 334-8337

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

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

RE: Application for a Permit to Operate a Mobile Home Park in Ulster County

Dear Mobile Home Park Owner/Operator:

Enclosed is an Application for a Permit to Operate a Mobile Home Park in Ulster County, New York for the period beginning **December 1, 2012** and ending **November 30, 2013** and a copy of Part 17 of the New York State Sanitary Code governing Mobile Home Parks.

**Please be advised that operating without a valid permit is a violation of the New York State Sanitary Code and may subject you to an administrative enforcement action.**

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 Mike Maclary at (845)340-3030 or Shelley Mertens at (845)340-3035.

- Please complete Sections A, B, F, G & H on the application
- Sign and print your name on page 4
- Attach required forms
- 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 an exemption form CE-200 from the New York State Workers' Compensation Board. See page 4 of the application and the attached notice regarding the forms that must be submitted with your application.**

- Enclose appropriate payment of fee(s) by check or money order payable to:  
**ULSTER COUNTY COMMISSIONER OF FINANCE**

The fee schedule for Mobile Home parks is as follows:

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

**MOBILE HOME PARKS**

5-10 Sites.....	\$250.00
11-25 Sites.....	\$350.00
26-99 Sites.....	\$500.00
100 or more Sites.....	\$650.00

- Return all of the above to:

**Ulster County Department of Health  
Environmental Health Services Division  
300 Flatbush Avenue  
Kingston, New York 12401-2740**



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October 2012

RE: Surveillance Sampling for 2013

Dear Mobile Home Park Owner/Operator:

Your water system(s) is classified as a community water system with a population of less than 1,000. One microbiological surveillance sample is therefore required per water system annually. Please note that the surveillance sample is in addition to your water system's normal sampling plan. Ulster County Department of Health staff will collect one surveillance sample during the course of the year.

**Surveillance water sample fee (required for each water system) is \$40.00. The water sample fee for your 2013 surveillance sample must be included with your application/permit fee payment.**

Should you have any questions or require additional information, please feel free to contact Shelley Mertens at (845) 340-3035 or Mike Maclary at (845) 340-3030.

**Important Information**  
**NYS Workers' Compensation/Disability Insurance**

The NYS Workers' Compensation Law requires every application for a permit to operate to include one or more of the following forms concerning workers' compensation and disability coverage. Please provide this office with the appropriate information as described below. If you have any questions about your Workers' Compensation /Disability insurance coverage requirements, please contact the NYS Workers' Compensation Board by email at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or by calling (877)632-4996.

**When Workers' Compensation /Disability Insurance is Required:**

A. For Workers' Compensation you must submit one of the following forms with the permit application:

- Form C-105.2 – Certificate of Workers' Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- Form U-26.3 – Certificate of Workers' Compensation Self-Insurance (issued by the State Insurance Fund); **OR**
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance; **OR**
- Form GWI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance;

**AND**

B. For Disability Benefits, you must submit one of the following forms:

- DB-120.1 – Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance.

**When Workers' Compensation /Disability Insurance is *Not* Required:**

You must submit Form **CE-200** – Certificate of Attestation of Exemption. This form can be obtained in the following ways:

(a) (Quick Option) – Access the online application at [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Click the "WC/DB Exemption" button and then click "Request for WC/DB Exemption (Form CE-200)". Complete the on-line application, then print, sign and submit the certificate with your application. Internet access may be obtained at your local library if you do not have Internet access at your business or home.

(b) Allow 6-8 Weeks) – Contact the customer service center at (866) 750-5157 for a paper copy of the application. Mail this to the WCB. When you receive your Exemption Certificate from WCB, submit a copy with your application.

## Certified Drinking Water Laboratories

### Ulster County

Kingston Water Department Lab  
Barry Korol  
111 Jansen Avenue  
Kingston, NY 12401  
(845) 679-2216  
Bacteria Only

Gentech Environmental Services, Inc.  
Paul DiGrazia  
3555 Main St., P.O. Box 136  
Stone Ridge, NY 12484  
(845) 687-0420  
Bacteria Only

Environmental Labworks, Inc.  
Anthony Falco  
1348 Route 9W, P.O. Box 733  
Marlboro, NY 12542  
(845) 236-7823  
Bacteria, Other services via contract

### Dutchess County

Smith Laboratory  
Anne Smith  
4 Scenic Drive  
Hyde Park, NY 12538  
(845) 229-6536  
Full Service

### Orange County

Aquatech Laboratories, Inc.  
William Lahar  
481 Broadway  
Newburgh, NY 12550  
(845) 565-4141  
Bacteria Only

Envirotest Laboratories, Inc.  
Renee Cusack  
315 Fullerton Avenue  
Newburgh, NY 12550  
(845) 562-0890  
Full service

OCL Analytical Services  
David Kennedy  
35 Goshen Tnpk.  
Bloomingburg, NY 12721  
(845) 733-1557  
Bacteria, Other services via contract

Greene County

J. Myers Water Services, Inc.  
Joseph Myers  
7974 Main Street, PO Box 214  
Hunter, NY 12442  
(518) 263-4333  
Bacteria, Other services via contract

Sullivan County

Catskill Regional Medical Center  
Joan Cummings  
68 Harris-Bushville Road  
Harris, NY 12742  
(845) 794-3300  
Bacteria Only

Town of Thompson  
William Culligan  
128 Rockridge Drive  
Monticello, NY 12701  
(845) 794-5280  
Bacteria Only

Albany County

Adirondack Environmental Services, Inc.  
Paul Batista  
314 North Pearl Street  
Albany, NY 12207  
(518) 434-4546  
Full Service

Mail Services

National Testing Laboratories, Ltd.  
David Vesey  
556 South Mansfield Street  
Ypsilanti, MI 48197  
(734) 483-8333  
Full Service

# Application for a Permit to Operate

## GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A,B,G,& H. If you have any questions, contact the local health department that issues your permit.

## SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality; Self explanatory

### Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.

**Facility Status:** Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

**Facility Type:** From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

### Facility Types

Agricultural Fairgrounds	Mobile Home Parks	Food Service Establishment
Bathing Beaches	Recreational Aquatic	Restaurant
Freshwater River	Spray Grounds	Caterer
Impoundment/Pond	Indoor	School
Lake	Outdoor	Institution
Ocean Surf	Swimming Pools	State Office for the Aging (SOFA) - Prep Site
Other Saltwater	Indoor	State Office for the Aging (SOFA) - Satellite Site
Campground/Recreational Vehicle Park	Outdoor	Summer Feeding Program (USDA) - Prep Site
Children's Camps	Indoor/Outdoor	Summer Feeding Program (USDA) - Satellite Site
Day Camp	Wave Pool - Indoor	Temporary Food
Day Camp - Developmentally Disabled	Wave Pool - Outdoor	Mobile Food
Day Camp - Municipal	Wave Pool - Indoor/Outdoor	Vending Food Machines
Day Camp - Traveling	Aquatic Amusement - Indoor	State Agency Licensed Facilities
Overnight Camp	Aquatic Amusement - Outdoor	State Licensed Inspected Facility
Overnight Camp - Developmentally Disabled	Aquatic Amusement - Indoor/ Outdoor	State Owned Operated Facility
Overnight Camp - Municipal	Spa	Day Care Center - Residential
Mass Gathering	Temporary Residences - Labor Camps other than Migrant	Day Care Center - Non-Residential
Migrant Farm Worker Housing	Interior Corridor - Single Story	
Farm Labor Housing	Interior Corridor - Two Story	
	Interior Corridor - Three Story	
	Interior Corridor - Four or more Story	
	Exterior Corridor - Single Story	
	Exterior Corridor - Two Story	
	Exterior Corridor - Three Story	
	Exterior Corridor - Four or more Story	
	Cabin or Bungalow Colony	

**Water Supply/Sewage System:**

Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

**Operations under this registration:**

Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

**Expected Opening/Closing Date:**

Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

**Days of Operation:**

Check each box for the day(s) the facility will be open under routine operation.

**Hours of Operation:**

Enter the hour the facility is expected to open and close under routine operation. Circle A.M. or P.M. as appropriate.

**SECTION B: Operator/Owner Information****Name of Legal Operator or Operating Corporation (Person in Charge)**

Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

**Permanent Address of Operator and Telephone Number**

Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

**Employer Identification/Social Security Number**

Enter the name of the owner of facility if different from the operator.

**Email Address and Fax No.**

Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

**Name of Owner**

Enter the name of the owner of facility if different from the operator.

**Permanent Address of Owner and Telephone Number**

Enter the mailing address and telephone number of the owner if different from operator.

**SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC****SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC**

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

**SECTION E: Complete only for food/beverage vending machines regulated under Subpart 14-5 NYSSC**

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

**SECTION F: Partners and Corporation Officers**

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

**SECTION G: Workers' Compensation and Disability Insurance**

Check the appropriate box(s) and submit a copy of the form(s) with this application to demonstrate compliance with the Workers' Compensation Law.

**SECTION H: Signature**

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.

**SECTION I: To be completed by the local health department**



Section D: Complete for mobile food service establishments or pushcarts only.

Type of Vehicle  Motorized  Pushcart  Other (specify) \_\_\_\_\_

Motor vehicle license no. (for motorized vehicles) 

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Commissary name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. ( ) \_\_\_\_\_

List on separate sheet types of food and beverages served.

Section E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.

Section F: Partners and Corporate Officers

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.
			( )
			( )
			( )
			( )

Section G: Workers' Compensation and Disability Insurance (All applicants must complete this section).

Check the appropriate box(s) and submit a copy of the form(s) with this application to demonstrate compliance with the Workers' Compensation Law.

A. Workers' Compensation and Disability Insurance Coverage Provided

Workers' Compensation

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

AND

Disability Insurance

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

B. Workers' Compensation and Disability Insurance Coverage Provided NOT Provided.

- Form CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Section H: Signature (Entire section must be completed by all applicants).

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

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

Signature of individual operator or authorized official \_\_\_\_\_

Print name of person signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Section I: FOR OFFICE USE ONLY**

Permit issuance recommended?  Yes  No Permit Effective Date 

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 Permit Expiration Date 

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Conditions of approval \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

