



ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3010, Fax (845) 340-3045

JOHANNA CONTRERAS
Acting County Executive

CAROL M. SMITH, MD, MPH
Commissioner of Health

**** PLEASE READ CAREFULLY AND ENTIRELY TO ENSURE TIMELY AND
PROPER PROCESSING OF YOUR PERMIT APPLICATION****

Dear Temporary Residence Owner/Operator:

Enclosed is an application for a permit to operate a **Temporary Residence** in Ulster County. **Year Round Permits** are issued for the period **beginning December 1 and ending November 30 of the following year** and **Seasonal Permits** are issued for the dates the facility operates. **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 in its entirety 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 and will be returned and subject to a \$75.00 late fee, if applicable. If you have any questions regarding the enclosed application, please call the Environmental Health Division at (845) 340-3010.

- 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 four of the application and the WC-DB information sheet 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**

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**