



# ULSTER COUNTY DEPARTMENT OF HEALTH

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

**PATRICK K. RYAN**  
*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 Migrant Farm Worker Housing Owner/Operator:

Enclosed is an application for a permit to operate Migrant Farm Worker Housing in Ulster County for the period **beginning January 1** and ending **December 31**. **This application and the appropriate fee(s) must be submitted at least 30 days before the first day of operation.** Please be advised that operating without a valid permit is a violation of Part 15 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 Migrant Farm Worker Housing 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.). **Migrant Farm Worker Housing 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 and sign and print your name on page four
- Expected opening and closing dates must be completed on the 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 regarding the forms that MUST be submitted.**
- Call this office as soon as possible to schedule an appointment for a pre-season inspection. A permit is required prior to occupying any portion of the farm worker housing.
- Nitrate samples are required to be taken on a yearly basis. Enclosed is a list of laboratories that provide this service. Please try to take this sample prior to operating.
- Enclose appropriate payment of fee(s) by check or money order payable to: **Ulster County Commissioner of Finance**

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

**Migrant Farm Worker Housing Fee Schedule**

1 - 9 Occupants.....	\$100.00
10 - 25 Occupants.....	\$150.00
26+ Occupants.....	\$200.00
<b>Water Sample (when required).....</b>	<b>\$40.00</b>
<b>Returned check fee .....</b>	<b>\$20.00</b>

- Return all of the above to:

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