



## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

September 14, 2018

RE: Mobile Home Park Program

Dear Operator:

Please be advised that under 10NYCRR Subpart 40-4, all facilities regulated by the New York State Department of Health (NYSDOH), unless exempt, must pay an annual registration fee even if you are issued a multiple-year permit.

**Mobile home park annual renewal fees are due on December 31<sup>st</sup> of every year.**

Find enclosed a renewal application and a Fee Determination Schedule for your convenience. Please review the information provided on the application form carefully. If there are any changes necessary, please cross-out the incorrect information and provide us with the updates. It is your responsibility to notify the NYSDOH whenever there is a change in your contact information.

**Failure to submit the required fee to this office by the due date may result in fines.**

If your Permit to Operate is expiring, a new permit will be issued to you once your fee and complete renewal application are received by this office.

As a reminder, per Subpart 17.3 of the New York State Sanitary Code, a Notice of Intent (NOI) and prior approval by the DOH is required for any new construction or modification proposed within a mobile home park. A NOI form is enclosed for your use as needed.

This requirement includes installation or replacement of homes on lots. To expedite the review process, the NOI must include the following information (if applicable):

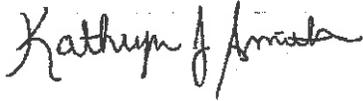
- Description of the modification
- Site # where modification will occur
- Number of bedrooms in original home and number of bedrooms in replacement home
- Dimensions of both the old and replacement homes
- Separation distances to all adjoining structures
- Statement regarding water and septic systems
- Typical lay-out for the water and sewer connections

GFDO will make every effort to contact you within 30 days to grant approval or request additional information.

Lastly, you are reminded that this office must be notified about any loss of drinking water, the failure of a septic system, or the occurrence of a fire that results in a call to the local fire department. The notification must be provided to our office as soon as possible after the condition is contained.

If you have any questions, please contact me at (518) 793-3893 or [kathryn.smith@health.ny.gov](mailto:kathryn.smith@health.ny.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Kathryn J. Smith". The signature is written in a cursive style with a large initial "K".

Kathryn J. Smith  
Senior Sanitarian  
Glens Falls District Office

cc: Anita Gabalski, Glens Falls District Director

# Notice of Intent to Construct, Enlarge or Convert a Facility

Please read instructions on back before completing form.

Proposed facility name: \_\_\_\_\_

If existing, current facility name: \_\_\_\_\_

- The property will be used as:
- |   |   |
|---|---|
| <input type="checkbox"/> Food service establishment | <input type="checkbox"/> Agricultural fairground    |
| <input type="checkbox"/> Temporary residence        | <input type="checkbox"/> Migrant farmworker housing |
| <input type="checkbox"/> Children's camp            | <input type="checkbox"/> Mobile home park           |
| <input type="checkbox"/> Campground                 | <input type="checkbox"/> Swimming pool              |
| <input type="checkbox"/> Mass gathering             | <input type="checkbox"/> Bathing beach              |

County: _____	Town, Village or City: _____
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<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Conversion	Are plans attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Detailed location (e.g., road, street, building number, distance from well-known point): \_\_\_\_\_

Name of owner: _____	Address: _____	Phone: (    ) _____
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Name of operator: _____	Address: _____	Phone: (    ) _____
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It is proposed to (describe in detail; use additional sheets if necessary):

The following permits or approvals for the proposed construction, enlargement or conversion have been applied for or received:

Name of local code enforcement officer for facility location: _____	Address: _____	Phone: (    ) _____
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title:     Owner     Operator     Other, specify \_\_\_\_\_

Mailing Address: _____	Phone: (    ) _____
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## Instructions for completing form

The following facilities are regulated by the State Sanitary Code and require a permit from the local health department to operate:

- Swimming pools
- Temporary residences (hotels/motels, cabins or bungalow colonies)
- Migrant farm worker housing and other labor housing
- Farm worker housing
- Food service establishments
- Mass gatherings
- Bathing beaches
- Campgrounds
- Children's camps
- Mobile home parks
- Agricultural fairgrounds

The following changes, modifications or construction are required to be reported to the local health departments:

- a new building or facility is to be built;
- an existing building or facility is to be enlarged or remodeled;
- an existing property (that is not a regulated facility) is to be converted to a regulated facility, with or without remodeling;
- the addition to or modification of any system serving the facility (examples: water supply system, sewage treatment system or fire alarm and detection system);
- changes that will or may increase water consumption and/or the volume of sewage requiring treatment, or both. In reporting such changes, list the number, if any, of the new fixtures/facilities (examples: bedrooms, dining or seating capacities, toilet fixtures, lavatories, showers/bathtubs, dishwashing facilities, swimming pools, camping sites or mobile home sites).

For your information, the following are some additional PERMITS that may be required before you proceed:

- Construction Permit (Uniform Fire Prevention and Building Code);
- State Pollution Discharge Elimination System (SPDES) - Article 17 of the State Environmental Conservation Law, if applicable.

This form must be returned to the local health department having jurisdiction at least 30 days prior to the date of the proposed construction, enlargement or conversion or as otherwise required.

Plans or specifications may be required by the Permit-Issuing Official prior to commencement of any such construction, enlargement or conversion.