



**Department of Health**  
 1 Geneva Road, Brewster, New York 10509  
 (845) 808-1390



MaryEllen Odell  
 County Executive

Michael J. Nesheiwat, M.D.  
 Commissioner of Health

**HOUSE REPLACEMENT/BEDROOM ADDITION APPLICATION**

PCDOH # \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

Site Address: \_\_\_\_\_ Town: \_\_\_\_\_ Tax Map #: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Description of Proposed Project: \_\_\_\_\_

\*Number of existing bedrooms: \_\_\_\_\_ Total number of bedrooms (existing & proposed): \_\_\_\_\_

\* (FROM CERT. OF OCCUPANCY OR CERTIFICATION FROM BUILDING INSPECTOR)

\*\*Any addition which is considered a bedroom requires formal approval of plans (Construction permit) prepared by a Professional Engineer or Registered Architect in accordance with applicable sections of the Putnam County Sanitary Code.

Please submit this form and the following to Putnam County Department of Health, 1 Geneva Rd, Brewster, NY 10509, Phone: (845) 808-1390.

1. **Certified check, money order, business check or personal check** for \$150.00 (repair permit) or \$500.00 (construction permit)
2. **Application for an SSTS Repair or SSTS new construction (current code).**
3. Certification from the Building Department with legal bedroom count of dwelling (Appendix C – Form # LBC-16).

OFFICE USE  
 COMMENTS

Revised June 2019