



ENVIRONMENTAL HEALTH DIVISION

55 Brown Road, Ithaca, NY 14850

Ph: (607) 274-6688; Fx: (607) 274-6695

On-line Services - <https://permits.tompkins-co.org/CitizenAccess/>

Effective January 1, 2023

FACILITY: _____

OWNER: _____

2023 OPERATING PERMIT, PLAN REVIEW, & OTHER FEES

Agricultural Fairground Operating Permit	\$400 <input type="checkbox"/>
Campground Operating Permit \$150 plus \$2.75 per unit/site	<input type="checkbox"/>
Campground Plan Review	\$200 <input type="checkbox"/>
Children's Camp Operating Permit	\$200 <input type="checkbox"/>
Mass Gathering Operating Permit	
⁶⁾ New Event Per Day	\$4,100 <input type="checkbox"/>
⁶⁾ Existing Event	\$3,100 <input type="checkbox"/>
Mass Gathering Plan Review	
New Event	\$12,000 <input type="checkbox"/>
Existing Event	\$5,000 <input type="checkbox"/>
Migrant Farmworker Housing Operating Permit	No Fee <input type="checkbox"/>
Mobile Home Park Operating Permit \$150 plus \$3.50 per unit/lot	<input type="checkbox"/>
Mobile Home Park Plan Review \$460 plus \$30 per unit/lot	<input type="checkbox"/>
Recreational Aquatic Facility Operating Permit	
Swimming Pool/Bathing Beach	\$335 <input type="checkbox"/>
Slide & Wave Pool/Spray Park/Other Aquatic Facility	\$360 <input type="checkbox"/>
Recreational Aquatic Facility Plan Review	
Swimming Pool/Bathing Beach/Other Aquatic Facility Up to 5,000 square feet	\$360 <input type="checkbox"/>
Slide & Wave Pool/Spray Park/Other Aquatic Facility Over 5,000 square feet	\$770 <input type="checkbox"/>
Temporary Residence Operating Permit \$175 plus \$3.50 per unit/site	<input type="checkbox"/>

Food Service Establishment Operating Permit	
High Risk	\$450 <input type="checkbox"/>
Medium Risk	\$375 <input type="checkbox"/>
Low Risk	\$210 <input type="checkbox"/>
Additional Mobile Unit or Vending Machine	\$85 <input type="checkbox"/>
Food Service Establishment Plan Review	
High & Medium Risk	\$210 <input type="checkbox"/>
Low Risk	\$150 <input type="checkbox"/>
Push Cart	\$100 <input type="checkbox"/>
Temporary Food Service Establishment - Simple Menu	
1 Day Event	\$65 <input type="checkbox"/>
Multiple Events; Consecutive or Non-Consecutive Days <i>(up to 8 days in 120 days)</i>	\$100 <input type="checkbox"/>
Temporary Food Service Establishment - Complex Menu	
1 Day or Multiple Days; Single Event	\$150 <input type="checkbox"/>
⁵⁾ Late Application - Received less than 2 weeks before event	\$25 <input type="checkbox"/>
⁵⁾ Additional Expedited Permit Processing Fee - 3 days or less	\$25 <input type="checkbox"/>

OTHER FEES

⁵⁾ Late Application/Water Fee	\$75 <input type="checkbox"/>
⁵⁾ Additional Expedited Permit Processing Fee 7 days or less	\$50 <input type="checkbox"/>
Waiver/Variance Request <i>(Requiring Board of Health Action)</i>	\$75 <input type="checkbox"/>
Waiver from NYS Appendix 75-A <i>(Unless due to TCHD Referral)</i>	\$75 <input type="checkbox"/>
Copies <i>(Cost per page)</i>	\$0.25 <input type="checkbox"/>
Refund Request <i>(within 6 months of receipt)</i>	\$25 <input type="checkbox"/>
Environmental Impact Statement Review	<input type="checkbox"/>
<i>(Where Tompkins County is the lead Agency fee assessed as allowed by 6NYCRR 617.7)</i>	

TOTAL FEES - PAGE 1	_____
TOTAL FEES - PAGE 2	_____
TOTAL FEES DUE - PAGE 1 & 2	_____

Preparer/Date: _____
pc: Support Staff

Notes:

- ¹⁾ A check mark indicates the fee applies to your facility. Fees are additive for all operations.
- ²⁾ Checks should be made payable to: Tompkins County Health Department.
- ³⁾ There will be a \$20 service charge on all returned checks.
- ⁴⁾ Payment methods: check, cash, money order, or online w/credit card (Visa, MC, Discover).
- ⁵⁾ Fee may be waived at TCDH discretion.
- ⁶⁾ Plus \$80 per staff/hr for incident response, if needed.



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FACILITY: _____

OWNER: _____

2023 WATER SYSTEM OPERATING, ON-SITE WASTEWATER TREATMENT, DEVELOPMENT & OTHER FEES

On-Site Wastewater Treatment System (OWTS) Construction Permit	
New Construction/Conversion	\$425
w/ Engineer Plans; no Site Evaluation	\$250
Replacement System	\$335
w/ Engineer Plans; no Site Evaluation or TCHD Referral	\$175
Septic Tank/Pump Chamber Replacement	\$105
⁵⁾ Holding Tank or ETU Permit Renewal	\$50
OWTS Permit/Application Renewal or Transfer	
⁵⁾ Permit Renewal (<i>may be renewed 1x prior to expiration</i>)	\$80
⁵⁾ Permit Transfer (<i>prior to expiration</i>)	\$80
Application Renewal (<i>may be renewed 1x prior to expiration</i>)	\$80
Application Transfer (<i>prior to expiration</i>)	\$80
OWTS Plan Review by Design Professional	
0 – 499 gpd design rate	\$190
500 – 999 gpd design rate	\$230
1,000 – 1,999 gpd design rate	\$340
2,000+ gpd design rate	\$540
Other OWTS Modifications/Multiple Submissions	\$160
Holding Tank Initial Permit & Plan Review	\$160
Collector Sewer - 6" and larger (DEC & Health Dept Projects)	
< 5,000'	\$150
≥ 5,000'	\$250
Preliminary Development Review (where soil testing is required)	
<i>(Preliminary Development fees are applied to the Realty Subdivision fee upon full plan submittal when submitted within 12 months)</i>	
	\$400
Realty Subdivision Development Review	
Plus \$12.50 per lot NYS filing fee	\$800
Add \$35 per lot with individual water	_____
Add \$55 per lot with individual sewage	_____
<i>(Subtract Preliminary Development fees paid)</i>	-
Realty Subdivision Approval Renewal	\$200
⁵⁾ Other Engineering Review	\$160

Water System Operating Fee	
Community Water System (<i>with sources</i>)	
Groundwater System	\$200
Surface Water System	\$1,800
Non-Community Water System (<i>with sources</i>)	\$105
Bottled/Bulk Haulers, Ice Plants	\$360
Water System Construction Permit and Plan Review	
Community Water System (<i>Part 5, NYSSC < 100,000 gpd</i>)	\$450
Community Water System (<i>Part 5, NYSSC ≥ 100,000 gpd</i>)	\$1,000
Non-Community Public Water System	\$210
Distribution Water Main - 6" or larger	
< 5,000'	\$300
≥ 5,000'	\$400
Cross-Connection Control	
\$200 plus \$50/device	_____
Water Storage Tank > 500,000 gal	
	\$500
⁵⁾ Other Water System Modification	\$160

OTHER FEES

⁵⁾ Late Application/Water Fee	\$75
⁵⁾ Additional Expedited Permit Processing Fee 7 days or less	\$50
Waiver/Variance Request (Requiring Board of Health Action)	\$75
Waiver from NYS Appendix 75-A (Unless due to TCHD Referral)	\$75
Copies (Cost per page)	\$0.25
Refund Request (within 6 months of receipt)	\$25
Environmental Impact Statement Review	_____
<i>(Where Tompkins County is the lead Agency fee assessed as allowed by 6NYCRR 617.7)</i>	

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TOTAL FEES - PAGE 2

Preparer/Date: _____
pc: Support Staff _____