



TOWN OF SHELTER ISLAND
38 North Ferry Road, P.O. Box 970
Shelter Island, New York 11964

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SANITARY REGISTRY APPLICATION, INSTRUCTIONS

- 1) When updating or installing either a traditional or I/A OWTS sanitary system, the applicant is responsible to file for, and obtain, any and all permits, approvals and inspections required by Suffolk County Department of Health Services (SCDH).**
- 2) Emergency repairs may take place without a traditional Health Department permit if they go through the Septic Haulers Information Portal (SHIP) emergency protocol established by and regulated by SCDH. Contractors are still required to submit a Sanitary Registry to the Town for emergency repairs/upgrades.**
- 3) All construction must be designed to keep water run-off on the property.**
- 4) Green stamped final approval from SCDH or (if an Emergency Repair) a copy of a "Sanitary Replacement/Retrofit Acknowledgement" Letter from SCDH is required to close out the Sanitary Registry.**
- 5) Electrical Underwriter Certificate is required if an I/A OWTS is installed**



LICENSED SANITARY CONTRACTOR REPORT /SANITARY REGISTRY (to be filled out by Installer)

Suffolk County Tax Map #: _____ Date of System Installation: _____

Project Name or Address: _____

Applicant/Homeowner Name: _____

Applicant/Homeowner Email: _____ Phone: _____

INSTALLER:

Installer Company: _____

Installer Contact Person: _____ Phone _____

Installer address: _____

Description of Work Performed:

IF I/A OWTS INSTALLED:

Service Contractor: _____

Service Contact Person: _____ Phone# _____

Service Contractor's Address: _____

Documents Required for Sanitary Registry:

- Copy of Suffolk County Department of Health Approved Final As Built aka "Green Stamped Plan"

or

Copy of "Sanitary Replacement/Retrofit Acknowledgement" Letter from SCDH (If an Emergency Repair)

- Electrical Underwriters Certificate (if I/A OWTS is installed)

* Emergency repairs/upgrades are still required to submit a Sanitary Registry to the Town

Shelter Island Contractors License # _____

Consumer Affairs Liquid Waste License Number # _____

Installer Contractor Signature: _____ Date _____

