ERIE COUNTY DEPARTMENT OF HEALTH - ENVIRONMENTAL HEALTH SERVICES

APPLICATION FOR A PROPERTY TRANSFER CERTIFICATION

All information must be supplied except that noted (optional) for a complete application

Address of Building		Town			
Type of Building ☐ Resider	of Building \Box Residential Number of Bedro		omsNumber of Occupants		
\Box Comme	ercial Give current bu	ilding use			
Has building been occupied for	the last 30 days? Ye	es 🗆 No 🗆			
Note: Property transfers will of Exception allowing inspection			ıctures. Vacant	structures must ob	otain an
Sewage Disposal System		Water Sy	<u>stem</u>		
Individual/Private	Public 🗆 I	ndividual/Private	Public		
Name of Seller		Phone:		_	
Address of Seller					
Seller's Attorney		Phone:		<u>_</u>	
Seller's Attorney's fax number _		Attorney's E-mail ((optional):		
Realtor (optional)		Phone:		_	
Address of Realtor (optional)					
Name of Buyer if known		Phone:		_	
Address of Buyer					
Buyer's Attorney		Phone:		_	
Buyer's Attorney's fax number		Attorney's E-mail:(optional))		
Fee Schedule: \$300.00 – Sewage Disposal System – only \$196.00 – Individual Water Supply – only \$496.00 – Both sewage and individual water \$150.00 – Inspection done by Licensed Professional Enclosed is a check or money order, payable to the Erie County Commissioner of Finance for \$					
Date		Signature of Applicant			
Anticipated Closing Date	<u> </u>				
The certificate will be faxed to attached to this application.	-	•		ope to the desired	recipient is
PLEASE COMPLETE AND RETURN TO:		Erie County Health Departn 95 Franklin Street, Room 9 Buffalo, New York 14202			

Please call the District Office to schedule an appointment with an inspector for the inspection of the sewage disposal system and/or well at the following numbers: Central-West District serving northwestern Erie County at 961-6800; Northeast District serving northeastern Erie County at 858-7677; South District serving southern Erie County at 858-8128.