



CENTER FOR ENVIRONMENTAL HEALTH

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Public Health
Prevent. Promote. Protect.

EDWIN J. DAY
County Executive

SAMUEL RULLI, PE
Director, Environmental Health

COUNTY PLANNING INFORMATION CERTIFICATION

Pursuant to Rockland County Executive Order No. 1 of 2017 applicants for County approvals for property development reviewed by the County's Commissioner of Planning, must make certain information and documents available to the County before the County will give its approval.

In the case of the present application before the Department of Health for [Health Dept. Approval sought]\_\_\_\_\_

Tax Lot ID:\_\_\_\_\_ Property Address:\_\_\_\_\_

Check A, B, C, D or E. If B, C, D or E is selected, please ensure the proper documentation accompanies the Certification.

- A. [ ] The matter was NOT the subject of review by the Rockland County Commissioner of Planning.
B. [ ] The Rockland County Commissioner of Planning 'APPROVED' the proposal and a copy of the Commissioner's report is attached to this Certification.
C. [ ] The Rockland County Commissioner of Planning 'MODIFIED' or 'DISAPPROVED' the proposal and the Commissioner's report was NOT OVERRIDDEN by the local board
a. a copy of the Commissioner of Planning's report is attached to this Certification
b. a copy of the minutes of the local board adopting the Commissioner's report or failing to override the Commissioner's report are attached.
D. [ ] The Rockland County Commissioner of Planning 'MODIFIED' or 'DISAPPROVED' the proposal and the Commissioner's report was OVERRIDDEN by the local board.
a. a copy of the Commissioner of Planning's report is attached to this Certification;
b. a certified copy of the minutes of the local board overriding the report of the County Commissioner of Planning, in whole or in part, are attached;
c. a certified written copy of the local board's reasons for the override, as required by GML § 239-m and/or 239-n are attached to this certification.
E. [ ] I request that the requirement of this Certification be waived because:
a. The issues raised by the Commissioner of Planning are not relevant to the application sought. I have provided a copy of the Commissioner of Planning's review with this request; or
b. Other \_\_\_\_\_
[Dept use only: \_\_\_\_\_ granted; \_\_\_\_\_denied]

I, certify under the penalties for perjury, that I have reviewed this Certification, and that the information stated is true, correct and complete.

Name of Applicant: \_\_\_\_\_
(If applicant is a corporation please state the full corporate name)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_
(Please note title of signatory if Applicant is a corporation)