



Health Department Instructions for Applying for a “Adding Chemicals to Water Supply” Permit

The Adding Chemicals to Water Supply permit is required for persons who engage in the business of chemically treating the drinking water supply within a building. This permit allows chemicals to be added only for anti-corrosion, anti-scaling or disinfection purposes.

Please note that chemicals can only be added to drinking water in a building by an approved permittee or by a trained and qualified employee of a permittee. The system and chemicals or drinking water additives used to chemically treat the water must be designed, installed and maintained in accordance with the manufacturer's specifications and applicable industry standards to ensure proper chemical dosage and operation. The system must be tamper proof with maximum feed pump capacities adjusted to prevent any overfeed of chemicals and must be installed to prevent back-siphoning.

Prior to operation and monthly thereafter, the permittee must confirm that the drinking water after being chemically treated, complies with Subpart 5-1 of the State Sanitary Code. Records of water sampling and analysis and maintenance records including all personnel who work or maintain the chemical addition device, dates and times of service and the amount of each chemical applied to the drinking water supply being treated must be maintained on file for 5 years.

Permit application fee: \$495.00

Annual Renewal fee: \$70.00

Before you submit your application

Before you begin the application process, it is recommended that you contact the NYC Health Department, Office of Public Health Engineering to receive guidance on how to submit your supplemental documents and plans.

NYC Department of Health and Mental Hygiene (DoHMH)
Office of Public Health Engineering/Building Water Supply
42-09 28th Street, CN-56
Long Island City, NY 11101
Phone: (718) 786-6400
Website: <http://www.nyc.gov/healthpermits>

A. Important Information – Read the Following Before You Apply for a Permit

- Relevant Health Code Sections
<http://www.nyc.gov/healthcode>
- Relevant New York State Department of Health Regulations
<http://www.health.ny.gov/environmental/water/drinking/regulations/>

B. Supporting Documents – Application information that will be requested

1. This permit can be obtained only by a person who has proof of a degree in which



chemistry, chemical engineering, or sanitary engineering was the major subject from a college or university approved by the Board of Regents of the University of the State of New York.

2. The applicant must have proof of at least five year experience in the chemistry of water or in closely related work.
3. A corporation or partnership in which one of the officers or partners has the qualification required above must supervise all operations involving the addition of chemicals to water on a full-time basis.
4. Permittee must comply with all requirements outlined in Section 141.11 of the NYC Health Code about the equipment used and the chemicals allowed, including sampling requirements. To view the Health Code, go to www.nyc.gov/healthcode and select Article 141.

Apply On-Line

1. Go to www.nyc.gov/healthpermits, select the permit for which you are applying and review the prerequisites and required supporting documents.
2. Gather all supporting documentation that must be submitted along with the application (see Supporting Document Checklist below).
3. Create electronic versions of your supporting documents
4. Select Apply Online and you will register an account with the NYC Online Licensing system.
5. Complete the required information online, upload your supporting documents and submit payment.
6. Payment accepted: Credit/Debit Cards only.

Apply In Person

1. Obtain an application packet by:
 - a. Calling 311 and asking for **Adding Chemicals to Water Supply** permit or
 - b. Download application forms and instructions from www.nyc.gov/healthpermits.
2. Gather all supporting documentation that must be submitted along with the application (see Checklist for Required Documentation below).
3. Complete the Application for a Permit form and the Supplemental Forms.
4. Bring all completed forms and required documentation to the DCWP Citywide Licensing Center, located at:
NYC Department of Consumer Affairs - Licensing Center
42 Broadway, Lobby
New York, NY 10004
5. Payment Accepted: Money Order, Credit/Debit Cards and Checks (cash is not accepted).

NOTE: Submission of all of the documents required for permit approval at the time of application is not required for DOHMH to initiate its review of your application. If you have any questions about the documents and application requirements listed above, please contact the DOHMH Office of Public Health Engineering (PHE) at (718) 786-6004.



Instructions for Applying for a Permit to Chemically Treat the Drinking Water Supply Within a Building from the Health Department

Instructions for Completing an Application Form

New York City Health Code, Section 3.19 states: “No person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report, or other document required to be prepared pursuant to this Code. No person shall make a false, untrue or misleading oral statement to the Department as to any matter investigated by the Department.”

NOTE: Any form with alterations, corrections, whiteout, etc., will not be accepted.

Complete all sections of the application. If completing it by hand, please use ink and write in CAPITAL LETTERS.

1. License or Permit Name

- Enter the name of the permit or license you want to obtain. Example: Food Service Establishment

2. Section A

- Enter the individual owner's name, or all partners' names or corporation name in the box labeled "Name of Corporation, partnership or individual owner" (the permit will be issued to the corporation, partnership or person named here)
- Enter the name of the establishment in the space labeled "Trade Name/DBA"
- Provide the address where the establishment will be located. Please include in the space labeled "Premises Location" the floor, booth number, or store number where the establishment is to be located.
- Enter the establishment's telephone, fax and the email address (if any). All correspondence sent by email will be sent to this address.
- Provide your date of birth, if applying as an individual

3. Section B

- Enter the date you expect to start operating.

4. Section C

- Enter your New York State Tax Authority ID #. Not-for-Profit applicants should enter their Federal EIN . If applying as an individual, also enter your SSN. If you do not have a Social Security number, you may use an Individual Tax Identification Number (ITIN)

5. Section D

- Enter the mailing address if it is different from where the establishment is going to be located. All correspondence sent by mail will be sent to this address.

6. Section E

- Enter the name, home address, zip code, phone number, email address and title of the owner/all partners in the business/all principal officers in the corporation

7. Section F

- All applicants must complete the Workers' Compensation and Disability Insurance information requested and provide copies of proof of current insurance or form CE-200 stamped by the Worker's Compensation Board, indicating the Board received a sworn affidavit stating that such coverage is not required. An application for a permit will not be accepted without this information and proof

8. Signature

- Sign the application.
 - *Note: the person who signs the Application must be named in Section E.*
- Enter the title and telephone number of the person who signed the Application for Permit
- Indicate whether the applicant is 18 years of age or older.
 - *Note: applicants must be older than 18 years of age.*



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Checklist of Required Documentation for All New DOHMH Permit Applications (Check individual permit guidelines (see Instructions) for additional permit-specific required documentation).

Items Needed <i>Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.</i>	Legal Business Structure		
	Individual	Partnership	Corporation or LLC
Permit Application <ul style="list-style-type: none"> All applicable sections completed Supplemental Form(s) if applicable Signed by applicant (example: owner, officer, director or shareholder) 	✓	✓	✓
Permit Fee <ul style="list-style-type: none"> See list of permit fees Credit card, money order or check payable to "DOHMH" Not-for-profits: no fee if proof of status is submitted (see below) 	✓	✓	✓
Proof of Home Address (one of the following) <ul style="list-style-type: none"> Valid driver's license or non-driver ID Current lease or mortgage statement Utility bill, bank or credit card statement dated within the last 90 days "Affidavit of Home Address" form, completed by a person living with applicant and a recent utility bill or lease in that individual's name 	✓	✓ (needed for partnership of individuals only)	
Photo Identification One government-issued ID with photo, such as: <ul style="list-style-type: none"> Driver's license or non-driver ID Alien Registration Card or Naturalization Certificate U.S. or foreign passport 	✓	✓	✓
Proof of Sales Tax Collecting Authority <ul style="list-style-type: none"> Valid original NYS Certificate of Sales Tax Authority <i>Obtain at http://www.nys-opal.com. Complete Form DTF-17 on-line or mail it to New York State Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany, New York 12227. Takes 4-6 weeks.</i>	✓	✓	✓
Proof of Incorporation <ul style="list-style-type: none"> Certificate of Incorporation (stamped to show it was filed with the New York State Department of State) or Filing Receipt issued by the NYS Secretary of State. <i>If located outside of New York State, obtain "Certificate of Good Standing" from your Secretary of State and file with application for "Authority to Conduct Business in New York State" with NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply for this permit.</i>		✓ (needed for partnership of corporations or LLCs only)	✓
Workers' Compensation & Disability Insurance Coverage <ul style="list-style-type: none"> Submit proof of coverage effective when the establishment begins operation, including insurer's name, policy number, and expiration date. If such coverage is <i>NOT</i> required, submit Certificate of Attestation of Exemption (Form CE-200) from the NYS Workers' Compensation Board showing the applicant's Exemption Number and the date issued. See http://www.wcb.ny.gov. List DOHMH as the certificate holder (not the policy holder) 	✓	✓	✓
Payment of Outstanding Fines for DOHMH Violations (if any) <ul style="list-style-type: none"> <u>Certified</u> check, credit card or money order payable to "OATH Health Tribunal" (in person payment) or pay online with credit or debit card 	✓	✓	✓
Proof of Not-for-Profit Status (if applicable)* <ul style="list-style-type: none"> Letter from the IRS stating not-for-profit status* 		✓	✓
Power of Attorney or Authority to Act Affidavit (if applicable) <ul style="list-style-type: none"> If someone else will turn in the application for you 	✓	✓	✓

SECTION E – LIST NAMES (LAST, FIRST) OF OWNER – PARTNER – CORPORATE OFFICERS

1	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
2	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
3	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
4	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE

SECTION F

ALL APPLICANTS (EXCEPT THOSE APPLICANTS FOR A MOBILE FOOD VENDING LICENSE, TATTOO LICENCE OR A HORSE LICENSE) MUST COMPLETE THIS SECTION REQUESTING WORKERS' COMPENSATION AND DISABILITY BENEFITS INSURANCE INFORMATION AND PROVIDE COPIES OF PROOF OF CURRENT INSURANCE IF IT IS REQUIRED.

YOUR APPLICATION FOR A PERMIT WILL NOT BE ACCEPTED IF YOU DO NOT COMPLETE THIS SECTION AND PROVIDE THIS INFORMATION AND PROOF IF YOU ARE REQUIRED TO HAVE THIS INSURANCE.

Please check the appropriate box:

The business described in this application has Workers' Compensation and Disability Benefits Insurance as identified below:

Workers' Compensation Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

Disability Benefits Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

OR

Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a copy with the New York State-assigned Exemption Certificate Number is attached.

Certificate Number: _____ Issuance Date: _____

Form CE-200 attesting to an exemption of this requirement can be found at <http://www.wcb.ny.gov>

Legal reasons for an applicant to qualify for this exemption are listed on Form CE-200. Please review Form CE-200 to see if your business qualifies for this exemption and is not required to obtain Workers' Compensation and Disability Benefits Insurance.

By signing this application for a permit, I agree that I will comply with provisions of the Health Code and other laws that apply to the permitted activity, and that all the statements made in this application are true and complete. Making a false statement is an offense punishable by fines, imprisonment or both. (NYC Administrative Code § 10-154.)	TITLE	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER	

ARE YOU REGISTERED TO VOTE?

If not, you may request a Voter Registration form when you submit your application, or you can access www.nycceb.info/nyc-votes online.