

PART 2: CONTACT INFORMATION					
APPLICANT	Coleman Contracting				
ADDRESS	613 Ceply Rd				
CITY	Trumansburg	STATE	NY	ZIP	14886
PHONE	[REDACTED]	EMAIL	[REDACTED]		
OWNER	Terra Husted				
ADDRESS	6018 Podunk Rd				
CITY	Trumansburg	STATE	NY	ZIP	14886
PHONE					
PRIMARY CONTACT: <input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER, PLEASE SPECIFY BELOW:					
NAME					
PHONE			EMAIL		

PART 3: PROJECT INFORMATION			
ADDRESS	6018 Podunk Rd Trumansburg		
PARCEL NO(s)	21-1-12.5		
WORK TO BE DONE BY	<input type="checkbox"/> Homeowner <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Other		
ESTIMATED PROJECT COST	\$ 40,000		
Number of rooms, units, stories:		Square footage for each area:	
Area	# of rooms	Area	SQFT
Bedrooms	1	Basement (Finished)	15x24 size Foundation
Bathrooms	1	Basement (Unfinished)	NA
Other		First Floor	360 sq F
Total Rooms		Second Floor	NA
Family Units	2	Over Second Floor	NA
Stories	1	Other:	
Accessory Structure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Total SQFT	360
If yes, describe:			

PART 4: SIGNATURE	
By signing below, I hereby certify that I have full knowledge of the proposed work as described herein and take no exception to such activity. I understand I cannot occupy or use area of work until completed and final certificates are issued by the Town of Ulysses. I understand it is ultimately my responsibility that the project meets the NYS Uniform and Building Codes and the local zoning code.	
Applicant's Signature	
Name (printed)	Rick Gleason
Applicant's Role	<input checked="" type="checkbox"/> Contractor* <input type="checkbox"/> Owner <input type="checkbox"/> Other
*Include a Letter of Authorization from the property owner if signing on their behalf.	
Date	3-27-26
OFFICE USE ONLY: PERMIT #:	B2603-04
FEE:	\$500
CHECK:	122



OFFICE USE ONLY: PERMIT #:

**PART 1: NEW RESIDENTIAL CONSTRUCTION BUILDING PERMIT APPLICATION CHECKLIST**

YES	NO	Review and complete the checklist. All items marked "Required" must be included for your application to be reviewed.
<input type="checkbox"/>	Required	1. Completed application form
<input type="checkbox"/>	Required	2. Certificates of Insurance:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. Liability
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Workers' Compensation*
<input type="checkbox"/>	<input type="checkbox"/>	C. NYS Disability & Paid Family Leave*
<input type="checkbox"/>	<input type="checkbox"/>	D. *If submitting application without WC & Disability COIs, <a href="#">a CE-200 must be provided.</a>
<input checked="" type="checkbox"/>	Required	3. Plot plan: A plot plan is required for every building permit application except interior-only or roofing permits. Use a tax map or an old survey map. Add details of all proposed work to scale. The plot plan must include the following information:
<input type="checkbox"/>	Required	A. Entire parcel boundary shown
<input type="checkbox"/>	Required	B. Existing and proposed structures
<input type="checkbox"/>	Required	C. Existing and proposed utility connections
<input type="checkbox"/>	Required	D. Existing and proposed driveways
<input type="checkbox"/>	Required	E. Setbacks in feet
<input type="checkbox"/>	<input type="checkbox"/>	F. Streams/wetlands
<input checked="" type="checkbox"/>	Required	4. Design plans: Show all details of construction to scale. See " <a href="#">Required Information for New Residential Constructions and Additions</a> " for additional information about details that must be included in designs. (For manufactured homes, include Model & Serial numbers)
<input type="checkbox"/>	Required	A. 2 sets of full-size printed plans
<input type="checkbox"/>	Required	B. 1 PDF of plans
<input type="checkbox"/>	Required	5. Energy Code Compliance: Provide proof (RESCheck) that proposed work meets minimum requirements of The Energy Conservation Construction Code (ECCCNYS): <a href="https://up.codes/viewer/new_york/ny-energy-conservation-code-2020">https://up.codes/viewer/new_york/ny-energy-conservation-code-2020</a>
<input type="checkbox"/>	Required	6. Tompkins County Health Department: Approval of septic system and/or well
<input type="checkbox"/>	<input type="checkbox"/>	7. <a href="#">Driveway/Culvert Permit</a> : Permit required for all new or modified driveways. (Additional permits are required from NYSDOT or Tompkins County Highway Division depending on road ownership)
<input type="checkbox"/>	<input type="checkbox"/>	8. Completed " <a href="#">New Address Request Form</a> " (if not yet assigned)
<input type="checkbox"/>	<input type="checkbox"/>	9. Completed " <a href="#">New Water Hookup</a> " application (if located in the water district)
<input type="checkbox"/>	<input type="checkbox"/>	10. Letter of Authorization: If submitting this application on behalf of the property owner, a letter of authorization from the property owner must be attached.
<input type="checkbox"/>	<input type="checkbox"/>	11. The following may also be required:
<input type="checkbox"/>	<input type="checkbox"/>	A. Floodplain elevation
<input type="checkbox"/>	<input type="checkbox"/>	B. Geotechnical assessment or report
<input type="checkbox"/>	<input type="checkbox"/>	C. Grading, fill, excavation data and associated Temporary Erosion and Sediment Control Plan (TESC)
<input type="checkbox"/>	<input type="checkbox"/>	D. Stream/Wetland Delineation/Report (please note, if there appears to be <a href="#">State jurisdictional wetlands</a> and/or associated buffers that impact the property, a DEC Jurisdictional Determination and/or Wetland Permit will be required to be submitted with this application.
12. Permit Fee: After an application has been submitted, our office will calculate the permit fee. Checks may be written to "Town of Ulysses" and brought or mailed to our office. Application review will begin after the fee has been paid. Current fees can be found on the <a href="#">annual fee schedule.</a>		



10 Elm Street  
Trumansburg, NY 14886

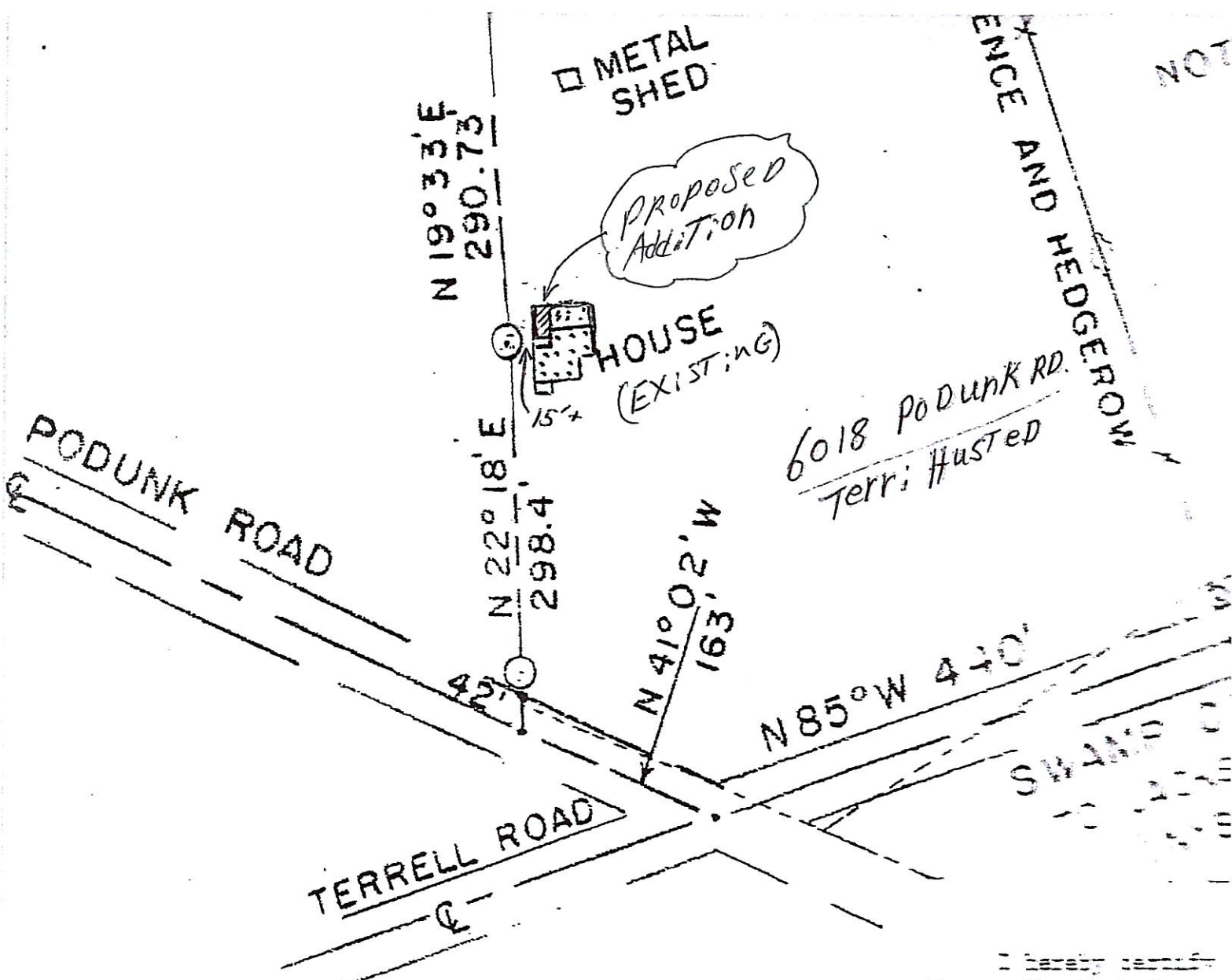


607.387.5767



code@townofulyssesny.gov  
<https://townofulyssesny.gov>

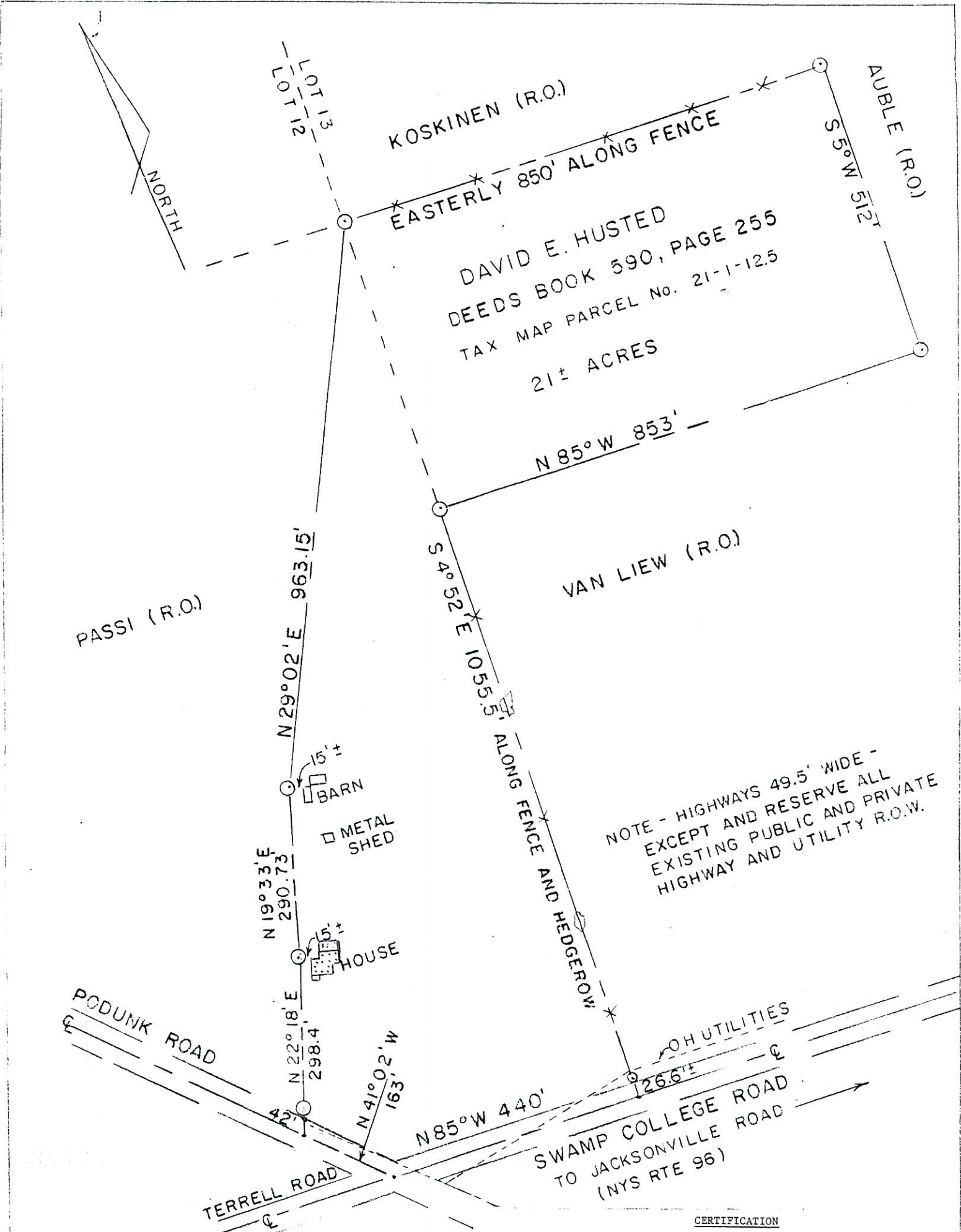
UPDATED 2025



I hereby certify  
 I am a New York State  
 and this map correctly  
 made by me, and I am  
 shown hereon.

SIGNED: James

SURVEY MAP  
 619 PODUNK ROAD  
 TOWNSHIPS 12 & 13, TOWN OF ULYSSES  
 WALKER COUNTY, NEW YORK  
 SCALE 1" = 200' MAY 30 1985



DAVID E. HUSTED  
 DEEDS BOOK 590, PAGE 255  
 TAX MAP PARCEL No. 21-1-12.5  
 21± ACRES

NOTE - HIGHWAYS 49.5' WIDE -  
 EXCEPT AND RESERVE ALL  
 EXISTING PUBLIC AND PRIVATE  
 HIGHWAY AND UTILITY R.O.W.

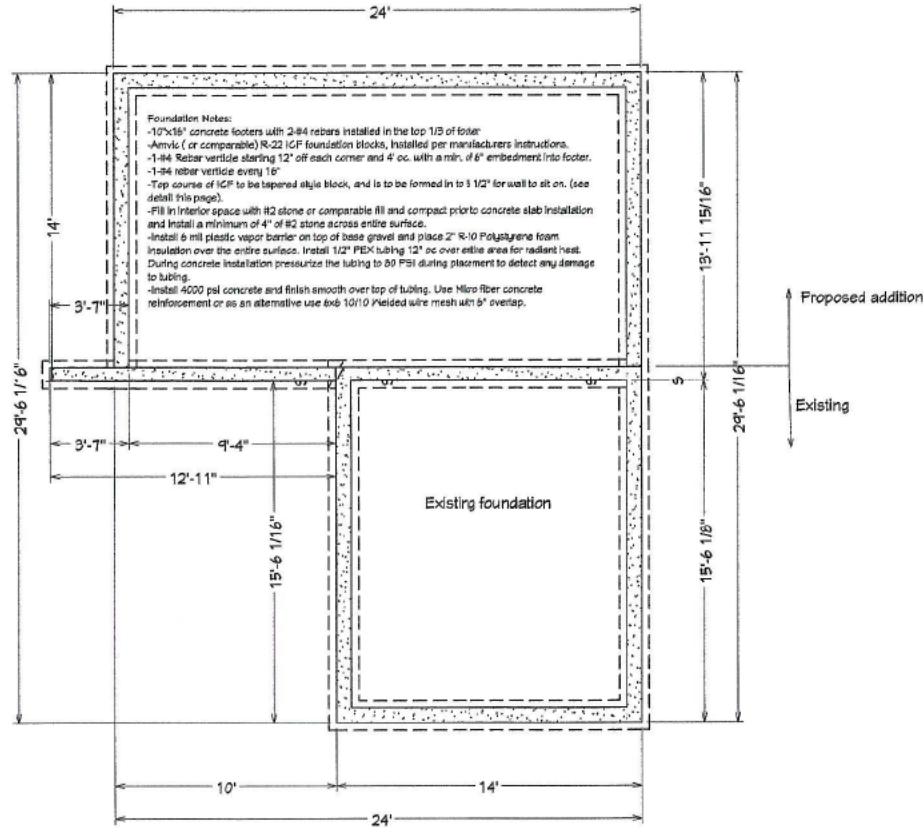
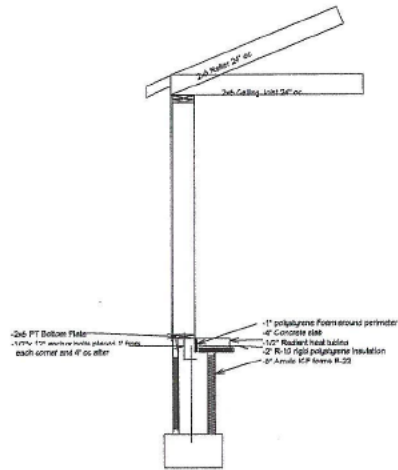
**CERTIFICATION**

I hereby certify to THE TOMPKINS COUNTY TRUST COMPANY, that I am a New York State licensed Land Surveyor, Registration No. 38194, and this map correctly delineates an actual survey on the ground made by me, and I found no encroachments either way, except as shown hereon.

SIGNED: Clarence W. Brashear Jr. DATED: MAY 30 1985

RESURVEY MAP  
 No. 619 PODUNK ROAD  
 LOTS 12 & 13, TOWN OF ULYSSES  
 TOMPKINS COUNTY, NEW YORK  
 SCALE 1" = 200' MAY 30, 1985  
 © IRON STAKE





Foundation

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:  
**Foundation Plan**

PROJECT DESCRIPTION:  
Terri Husted Addition  
6018 Podunk RD.  
Trumansburg, NY 14886

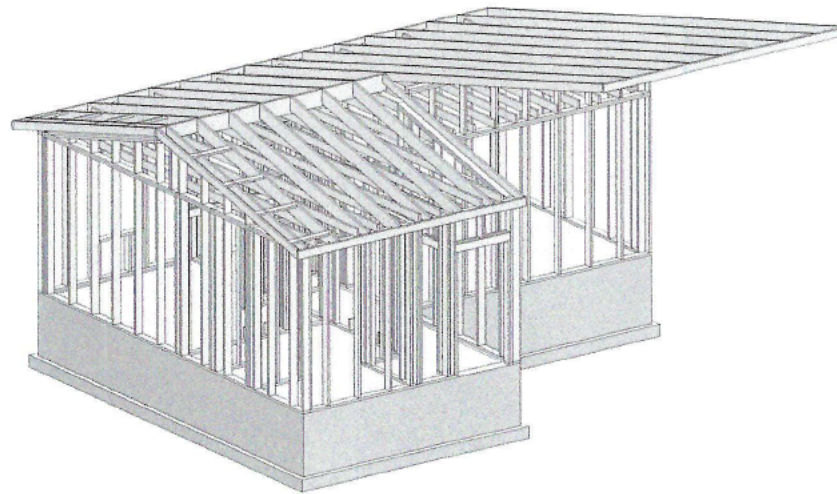
DRAWINGS PROVIDED BY:  
J. Shice

DATE:

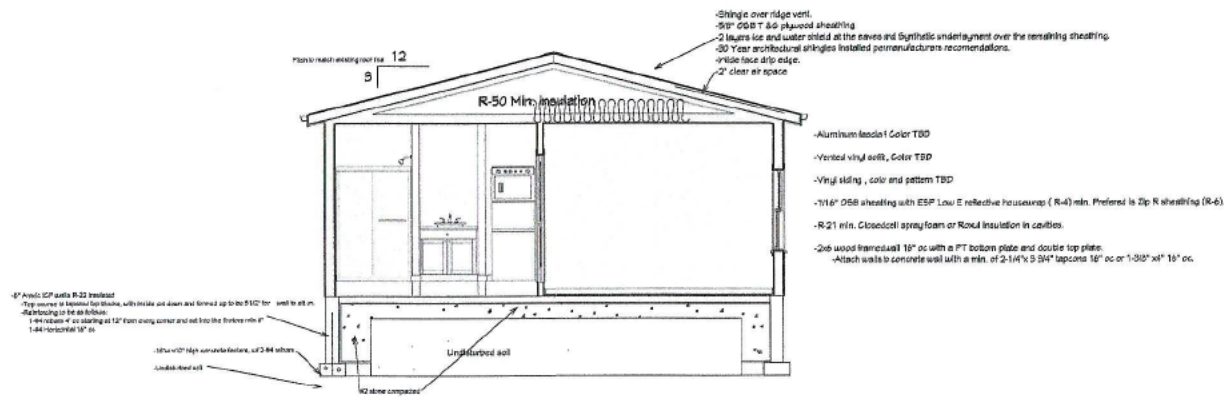
SCALE:

SHEET:

**A-1**



Proposed framing plan



Cross Section

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:  
 Cross Section/  
 Framing plan

PROJECT DESCRIPTION:  
 Town House Addition  
 8018 Prelink RD  
 Trumansburg, NY 14886

DRAWINGS PROVIDED BY:  
 L. Schaefer

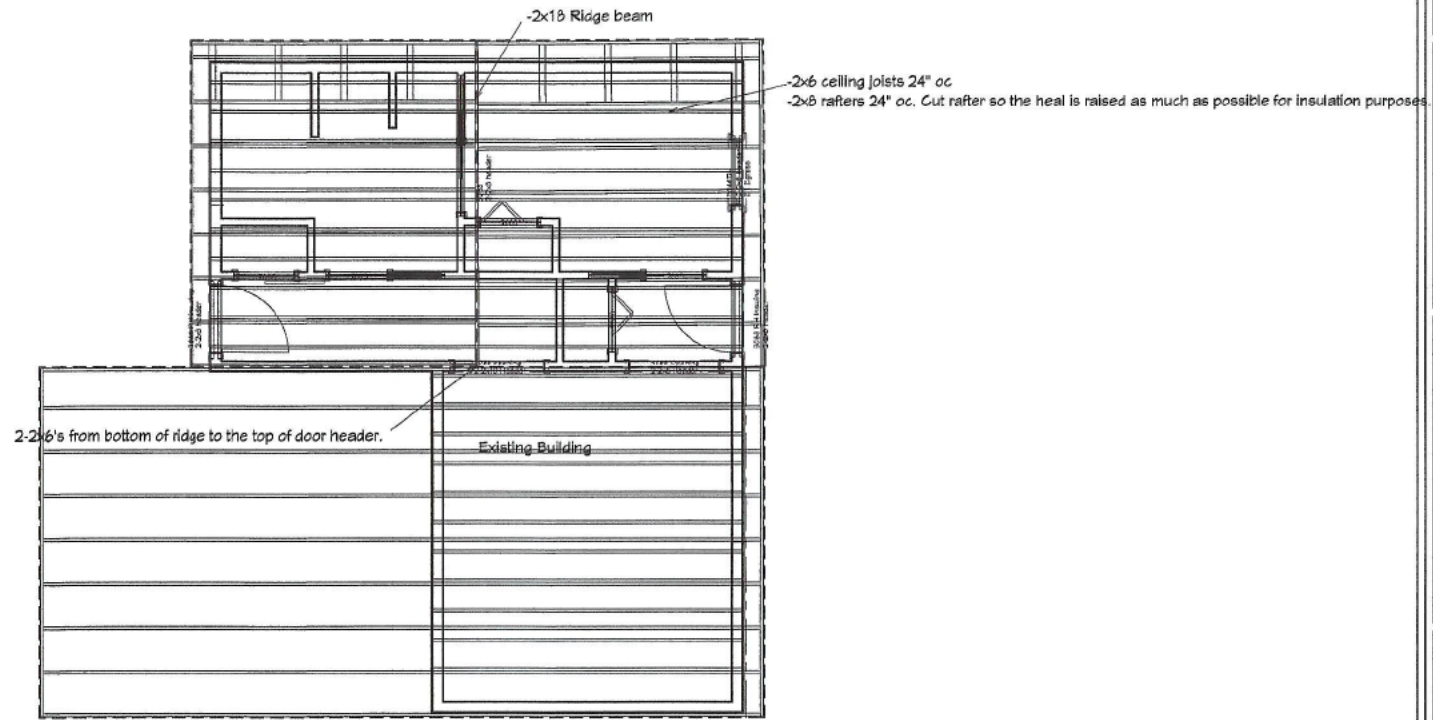
DATE:

SCALE:

SHEET:

**A-2**





1st Floor

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:  
Framing Detail Plan

PROJECT DESCRIPTION:  
Terri Husted Addition  
6018 Podunk RD.  
Trumansburg, NY 14886

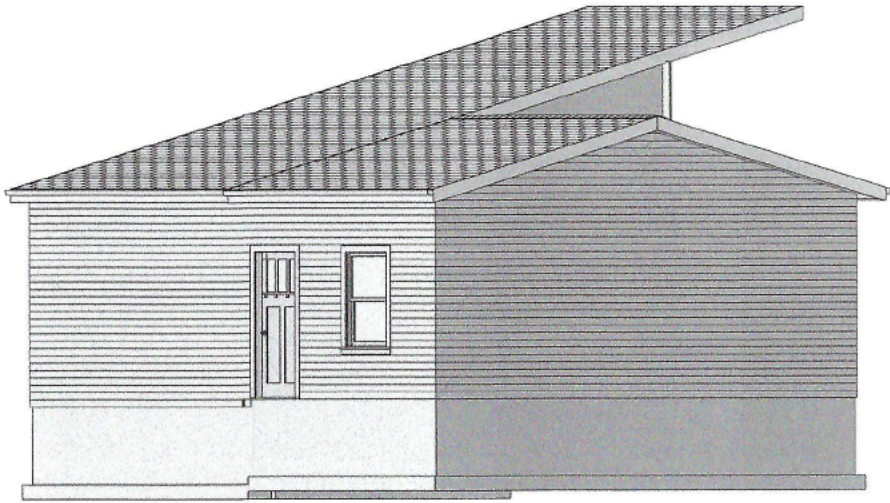
DRAWINGS PROVIDED BY:  
J. Shipe

DATE:

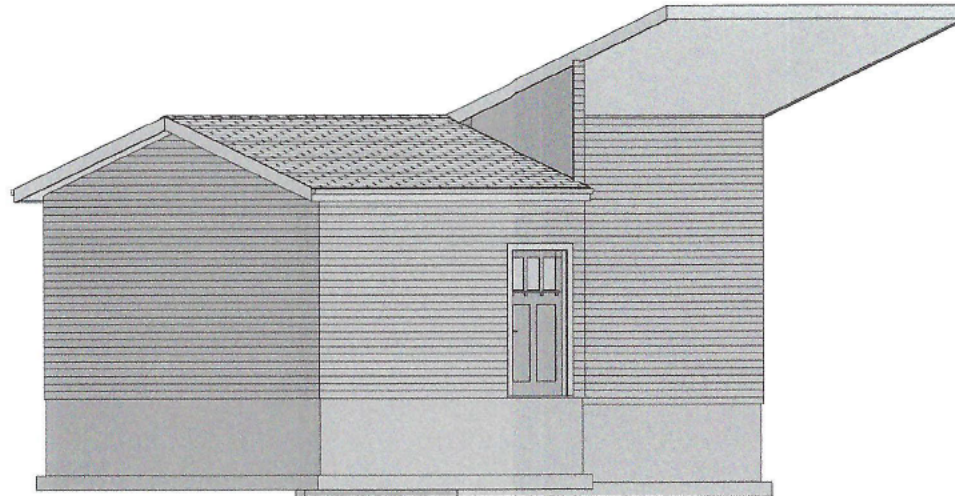
SCALE:

SHEET:

**A-4**



Elevation 2



Elevation 3

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:  
Elevation Plans

PROJECT DESCRIPTION:  
Terri Husted Addition  
6018 Podunk RD.  
Trumansburg, NY 14886

DRAWINGS PROVIDED BY:  
J. Shipe

DATE:

SCALE:

SHEET:

**A-5**

279-8698



Your Partner for a Healthy Community

Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-12477

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkinscountyny.gov/health/eh>

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

**CERTIFICATE OF COMPLETION OF ONSITE WASTEWATER TREATMENT SYSTEM**

**Date:** 06/04/2018 **Record ID:** EH-OW-18-0053

**Owner's Name:** Husted, Olga T

**Property Location:** 6018 PODUNK Rd, TRUMANSBURG, NY 14886

**Municipality:** Ulysses

**Tax Map Number:** 503689-21.-1-12.5

**Design Basis:** 220 gallons per day **Equivalent to:** 2 bedrooms

**Construction Type:** OWTS Replacement Permit (Sewage)

**Contractor:** Paul Carpenter

**Inspection Date:** 05/29/2018

**Notes:**

The individual onsite sewage treatment system installed at the above noted premises has been constructed in general conformity with the requirements of the Tompkins County Health Department and as described on the Permit to Construct a Sewage Treatment System.

To help extend the useful life of your sewage treatment system, the septic tank should be pumped every 2 to 4 years depending upon the amount of solids such as greases, soap scum, toilet wastes, and other solid materials discharged to the tank. When combined depth of sludge and scum in the tank equals or exceeds 1/4 of the total liquid depth, pumping is necessary. Checking the scum and sludge depth should be performed by a professional or someone familiar with septic tanks. Tanks are best pumped in the spring or summer as they readjust more readily in warm weather. Inlet and outlet baffles in the tank should be checked at the time of pumping.

A list of authorized pumpers may be obtained from the Health Department. It will be to your advantage to insist on a fixed cost for pumping or at least to obtain a definite maximum estimate before engaging a septic tank pumper.

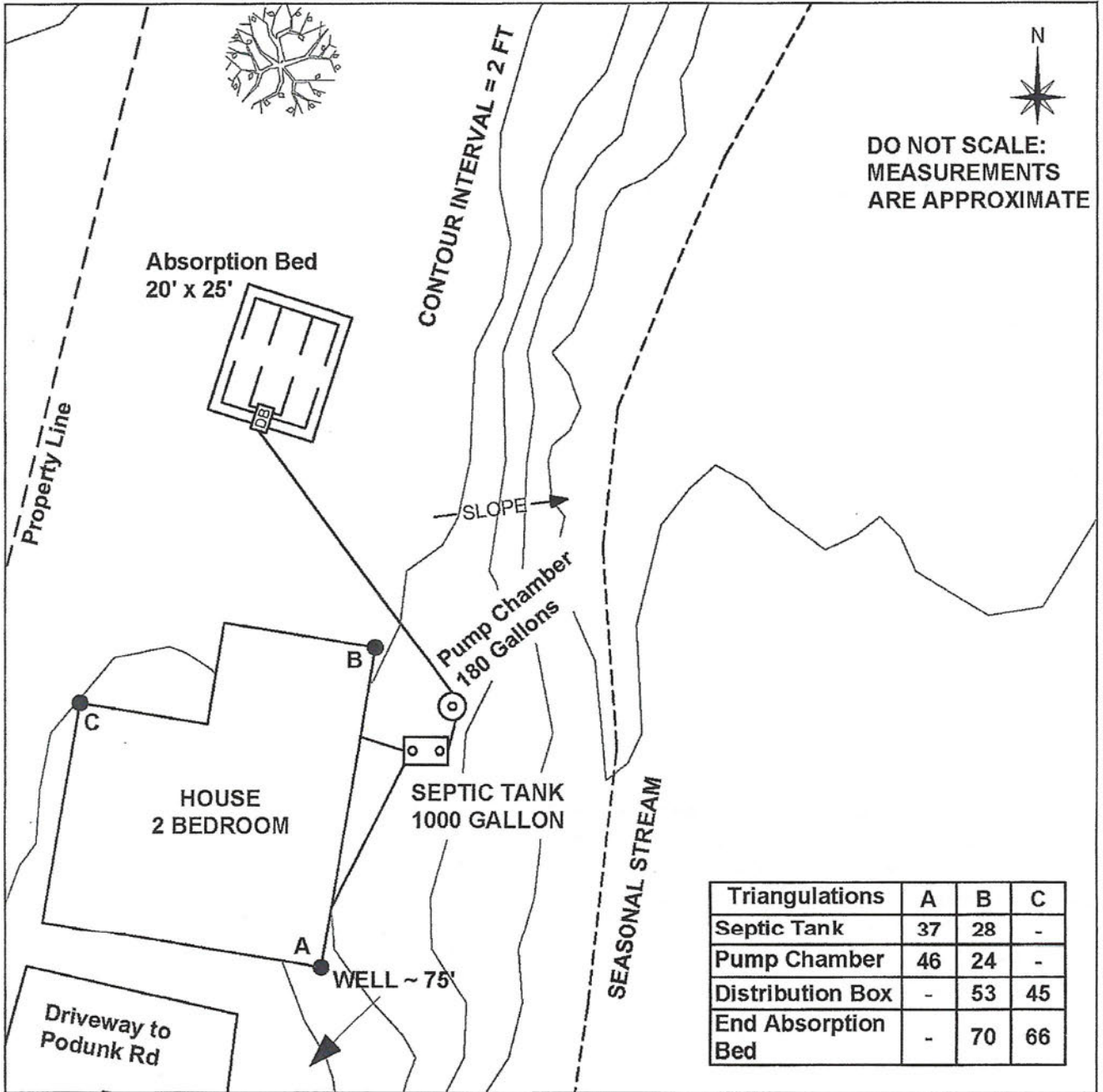
Normal use of household detergents and chemicals will not harm your system. Do not discard non-household substances into your system, such as motor oil, antifreeze, etc. This is illegal, will contaminate ground water and will ruin your system. Contact the Tompkins County Solid Waste Division for information on discarding or recycling toxic chemicals not intended for your sewage system.

If triangulation distances to the septic tank and distributions boxes could be obtained, they will be noted on the back of this sheet. These measurements will help find the tank pumping, and the distribution box should the system need troubleshooting in the event of failure or poor performance.

**Inspected or Reviewed by:** Becky Sims  
**CC:** Town of Ulysses CEO

▼ SEE AS BUILT SKETCH ON THE REVERSE SIDE ▼

▼ ONSITE WASTEWATER TREATMENT SYSTEM AS BUILT SKETCH ▼



18-0053\_6018 Podunk Rd As Built.jpg -

▼ SEE REVERSE FOR CERTIFICATE OF COMPLETION ▼

As Built Notes:



Your Partner for a Healthy Community

### ONSITE WASTEWATER TREATMENT SYSTEM

DIVISION OF ENVIRONMENTAL HEALTH - TOMPKINS COUNTY HEALTH DEPARTMENT  
55 Brown Road, Ithaca, NY 14850-1386 Phone: (607) 274-6688 Fax: (607) 274-6695

Frank Kruppa, MPA  
Public Health Director  
Elizabeth Cameron, P.E.  
Environmental Health Director  
Scott Freyburger, P.E.  
Public Health Engineer

Issued to:	Husted, Olga
Location:	6018 PODUNK Rd TRUMANSBURG, NY 14886
Parcel Number:	503689-21.-1-12.5
Permit Number:	EH-OW-24-0180
Record Type:	OWTS Conversion Permit (Sewage)
Maximum Design Flow:	330 gallons per day
Bedrooms (or equivalent):	3
Toilets:	1.6 gals or less per flush
Garbage Grinder:	0
Hot Tub/Spa:	gallons total

Based on the application information provided and in accordance with the provisions of the Tompkins County Sanitary Code, you are hereby granted permission to construct an onsite wastewater treatment system meeting the design specifications and conditions noted herein at the above location.

No variation in location, construction, specifications, details or approved material types can be made without prior approval by the Tompkins County Health Department.

All household liquid wastes (including bathroom, kitchen, and laundry wastes) must be disposed of through this installation. Roof leaders, cellar drains and footer drains must be entirely separate from the onsite wastewater treatment system. It is recommended that water softeners discharge to a separate subsurface dispersion area.

Construction of a system in adherence with the design and conditions of this permit does not guarantee its function or durability.

Permit may be renewed once for a period of two more years or transferred to another person if a renewal/transfer application is submitted and paid for prior to its expiration.

Inspector:	Chris Laverack	Initial Issue Date:	08/20/2024
CC:	Mark Washburn, Paul Carpenter	Expiration Date:	08/20/2026

#### Onsite Wastewater Treatment System Components and Specifications:

Septic Tanks(s):  
**1. Existing 1000 Gallon Dual Chamber**

Dosing/Pressure Distribution: **Pressure Dosing Required**  
Minimum Pump Chamber Volume: **350 gallons**

Wastewater Treatment System Type:  
**Absorption Bed**

Total Square Footage of Bed: **734 sq ft**  
Bed **38 ft x 20 ft**  
Maximum Bottom Depth: **16 in**

Additional required construction and material specifications are available  
<https://www.tompkinscountyny.gov/health/eh/owts/specs>  
or by following the QR code.

Contact us by calling (607) 274-6688 or email [tceh@tompkins-co.org](mailto:tceh@tompkins-co.org).

**PERMIT MUST BE ON JOB SITE AT ALL TIMES DURING CONSTRUCTION AND INSPECTION**

**- SEE REVERSE FOR DESIGN AND CONDITIONS -**

