

Application #: _____



Connecticut River Area Health District

455 Boston Post Road, Suite 7

Old Saybrook, CT 06475

Telephone (860) 661-3300 · FAX (860) 661-3333

Fee: \$100.00

Payable to: CRAHD

B-100a: Application

Note: A diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on attached detailed plot plan. Proposed building plans must also be submitted with this application. Submit any/all septic system information and soil testing available for the subject property.

Circle Town: Old Saybrook Clinton Deep River Haddam

Date: _____ Property Address: _____

Owners Name: _____ Owners Phone #: _____

Applicant Name: _____ Applicant Address: _____

Applicant Phone # _____ Applicant Fax # _____

Existing Structure: [Residential _____ **Number of Bedrooms** _____]

[Non-Residential _____ Describe _____]

Water Service: Well Public Year Septic System Installed: _____

Type of Application:

Building Conversion (Winterization)

Change in Use (Addition of Bedrooms etc.) Existing Bedrooms _____ Proposed Bedrooms _____

Building Addition Existing sq.ft _____ Proposed sq.ft _____

Accessory Structure, ex. Garages, Pools, Sheds, Decks.

Lot Division, Lot Line Change, Lot Reduction

Give a brief description of proposed application:

Applicable to Old Saybrook Only: Is the property in the Wastewater Management District: YES NO

Print: _____ Sign: _____
(Owner or authorized agent)

Address: _____ Check# _____ Cash _____

This 2nd page of the application is for CRAHD staff only to complete

Building Conversion, Change in Use:

Applicable

Has a code complying area been determined for this property? Yes No

Will the proposed change result in greater than 50% increase in design flow? Yes No

• If yes, will the property owner be required to expand the existing septic system? Yes No

Building Addition:

Applicable

Has a code complying area been determined for this property? Yes No

If a code complying area is not found, does the application meet the following conditions?

1. Replacement area **provides** 50% of effective leaching area Yes No

2. Replacement area **provides** 50% of MLSS requirement

3. **No** exception(s) to well separation distance is required

4. The addition does **not** reduce the potential repair area

5. The addition does **not** increase the design flow of building

Will the proposed addition result in greater than 50% increase in design flow? Yes No

• If yes, will the property owner be required to expand the existing septic system? Yes No

Accessory Structure:

Applicable

Has a code complying area been determined for this property? Yes No

If a code complying area is not found, does the application meet the following conditions?

1. Accessory structure, etc. does **not** reduce the potential repair area and the separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements. Yes No

Lot Division, Lot Line Change, Lot Reduction:

Applicable

Has a code complying area been determined on the lot containing the existing building and has a code complying primary and reserve are been determined for the new lot? Yes No

←—————→
Will the septic system be repaired: YES NO Approved Not Approved

Comments: _____

Signed: _____ Date: _____