



Connecticut River Area Health District

166 Main Street Unit #2, Old Saybrook, Connecticut 06475
Telephone (860) 661-3300 · FAX (860) 661-3333
Serving Clinton, Deep River and Old Saybrook

Application #: _____

Fee: \$50.00
Payable to: CRAHD

B-100a: Application for Building Conversion or Addition, or Accessory Structure

Note: A scaled 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.

Circle Town: Old Saybrook Clinton Deep River

Date: _____ Property Address: _____

Owners Name: _____ Owners Phone #: _____

Applicant Name: _____ Applicant Address: _____

Applicant Phone # _____ Applicant Fax # _____

Type of Application:

Building Conversion, Change in Use (Winterization)

_____ Existing # of bedrooms _____ Proposed # of bedrooms

Building Addition

Accessory Structure, Attached or Detached Garage, Below or Above Ground Pool

Lot Division, Lot Line Change, Lot Reduction

Give a brief description of proposed application: (e.g.: performing winterization; type and number of rooms being added; square footage of house addition; and, type of structures to be added, etc.)

Existing Structure:

Residential Non-Residential If Non-Residential, describe: _____

Approximate Existing Floor Area (in sq. ft.) _____ Approximate Proposed Floor Area _____

Water Supply: Private Well Public Water

Existing Septic System:

Year Septic System Installed: _____ New Repair

Has any soil testing been performed on the property? Yes No

Attach all soil testing information

Signed: _____
(Owner or Duly Authorized Representative)

Address: _____

Check # _____

Cash _____

For Office Use Only

Application complete? Yes No Date completed? _____

Is soil testing information available for this property? Yes No

If no, will soil testing be required? Yes No

Building Conversion, Change in Use: Applicable Not 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 Not 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 Yes No

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

4. The addition does **not** reduce the potential repair area Yes No

5. The addition does **not** increase the design flow of building Yes No

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, Attached or Detached Garages, Below or Above Ground Pool:

Applicable Not 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 Yes No

2. 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 Not Applicable

Has a code complying area been determined on the lot containing the existing building? Yes No

Has a code complying primary and reserve area been determined for the newly created lot? Yes No

Decision: Will septic be repaired? yes no Approved Not Approved

Signed: _____ Date: _____

Faxed to Town on _____

Note: Diagram of proposal (plot plan) shall be attached

Address: _____

Check # _____

Cash _____