

B100a – Plan Review Application

- Fees:** Additions/Renovations \$ 50.00 Change in Use \$ 75.00 New Construction \$100.00
 Accessory Structures, Pools \$25.00 Irrigation System \$ 25.00 Lot Line Change \$ 25.00
 Subdivision/Preliminary Septic Review \$ 50.00/Lot

Street Location _____ **Map** _____ **Lot** _____

Property Owner Name _____ **Phone** _____

Mailing Address _____ **Email** _____

Applicant Name _____ **Phone** _____

Mailing Address _____ **Email** _____

License # _____ **License Exp. Date** _____

I hereby request Health Department approval of a plan to: (check all that apply)

- Build an addition or renovate an existing building. This addition or renovation will:**
 Increase the number of bedrooms from _____ to _____ Increase lot coverage by _____ sq.ft.
 Increase habitable space in the existing structure by _____ sq.ft. Winterize a seasonal building
 Increase the number of employees from _____ to _____
 Change the use of an existing building from _____ to _____
 Increase water usage due to: _____

- Construct** or **Increase the size of an accessory structure:** Per CT PHC Sec. 19-13-B100a, accessory structures are non-habitable structures which are NOT served by a water supply and the use is incidental to residential or non-residential buildings.
 Garage _____ sq. ft. Open Deck/Porch _____ sq. ft. In-ground pool
 Shed/Gazebo _____ sq. ft. Three-season/Sun Room _____ sq. ft. Above-ground pool
 Barn _____ sq. ft. Other accessory building type : _____ & _____ sq. ft.
 Modify Lot line(s) on property (property survey must be submitted)

- Preliminary Review of Septic System**
Existing lot: with septic without septic (vacant land) Create subdivision with _____ (#) of lots

Provide a brief description of the project: _____

The following information must be provided with this application: (check attached documents)

- Site plan layout showing the property lines, all existing structures, proposed addition/modification, size and location of the existing septic system (tank & leach fields) and well or public water line.
 Existing septic layout (As-Built) No septic records available Soil test data (if available)
 Current septic pump-out report **Date of pump-out:** _____ **Pumper Name:** _____

Health Dept. Review & Approval of B100a Plan

FOR OFFICE USE ONLY

Street Location _____ Map _____ Lot _____

Preliminary Review of New Construction or Subdivision: Yes No Plan Date: _____

Existing Septic System Information:

Lot Size: _____ AS-BUILT on file? Yes No N/A

Installation Date: _____ Installer: _____ License #: _____

Septic Design Size: _____ Tank Size: _____ S.F. Provided: _____

Leaching system (describe): _____ S.F. Required: _____

NOTES: _____

B100a Septic System Requirements

Does the septic system meet B100a requirements? Yes No

Has a Code Complying Area been determined? Yes No

If NO, has a repair area been determined? Yes No

Is a repair/modification required? Yes No

Irrigation System N/A

Do irrigation lines meet separation distance requirements? Yes No

Soil Test:

Date of soil test: _____ Perc Test Result: _____ min/inch

Is additional soil test needed? Yes No MLSS: : _____

Testing used from another property located at: _____

Not Approved: Proposal must be re-submitted with a plan showing potential area for septic system that meets all requirements of the CT PHC Section 19-13-B100a. Please contact the Health Department.

Approved with the following modifications of the existing septic system: _____

Preliminary approval for septic design (new construction): _____

Approved with no modification of the existing septic system.

Signature: _____ Date: _____
Director of Health, Registered Sanitarian or Authorized Agent

Application # _____ Date _____ Fee Paid (check #) _____