

ASPETUCK HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855 Telephone: (203) 227-9571

INSTRUCTIONS FOR COMPLETING APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, BUILDING RENOVATION OR ACCESSORY STRUCTURE

Fee is Non-Refundable. Permit Expires in 1 year from Issue

Please complete application and attach the following:

Two (2) copies of current (A2) survey drawn to scale showing North direction with an arrow. Survey must show all existing structures and additions on property. The survey will not be accepted without the existing septic, well or water line shown.

- a) Proposed addition,
- b) Location and size of septic tank and leaching area,
- *c)* Well location or public water service, if applicable. All utility trenches must be shown.
- d) Water course or wetland area,
- e) Other permanent buildings or structures,
- f) Easements for other utilities or other purposes.

Two (2) sets of building plans (labeled with address), including basement and attic.

Two (2) copies of floor plan of existing rooms and the proposed enlargement showing water use fixtures, i.e., whirlpools, hot tubs, sinks, etc. (labeled with address).

A letter of authorization must accompany application, if not signed by the owner.

Check payable to Aspetuck Health District in the amount of:

\$265.00*	Building Addition, Conversion, or Renovation (Habitable)	(In house or apartment, foundation change, additional living space, including a room over the garage, etc.)
\$220.00*	Accessory Structure (Non- Habitable)	(Decks, garages, porches.)
\$330.00*	Water Test	

* Note: A \$100.00 fee is charged for retroactive filing Applications.



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____Initials:____

APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE

Property Address: Tevin ZP Steet Town ZP Type of Application: Building Addition Renovation Carage, Porch) Building Conversion, Change Garage, Porch) Give a Brief Description of (Performing winterization; type and number of nooms being added; square footage of house Proposed Application: addition, type of structures to be added, and footprint change, etc.) Addition/Renovation: No. of badrooms: No. of badrooms: No. of badrooms: No. of badrooms: Addition/Renovation: No. of badrooms: No. of badrooms: No. of badrooms: No. of badrooms: Addition/Renovation: No. of badrooms: No. of badrooms: No. of badrooms: No. of badrooms: Addition/Renovation: No. of badrooms: No. of badrooms: No. of badrooms: No. of badrooms: Addition/Renovation: No. of badrooms: No. of oversized tubs (>99 gal.) Approximate foor area (in Sq. Ft.) We are stopping? Public water Approximate floor area (in Sq. Ft.) We are system: No. Size of acptic tank: gals. Size and type of leaching system: Public water No Curatia drain? Yes No Has any soil testing been performed on the propenty? <th></th> <th>Date:</th> <th></th> <th>Owner's Name:</th> <th></th> <th></th> <th></th> <th></th> <th></th>		Date:		Owner's Name:							
Type of Application: Building Addition Renovation Accessory Structure (Deck, Building Conversion, Change Garage, Porch) Give a Brief Description of Proposed Application: (Performing winterization; type and number of rooms being added; square footage of house Proposed Application: addition/Renovation: No. of butrooms: No. of butrooms: No. ow were set fixtures Increase in house footprint? Yes No. of other rooms: No. of tubs more than 99 gal.: Iteat? Yes No Approximate proposed increase in floor area (in Sq. Ft.) Are footing or foundation drains required? Yes No Approximate floor area (in Sq. Ft.) Water supply: Private well Public water Footing or foundation drains required? Yes No Approximate floor area (in Sq. Ft.) Water supply: Private well Public water Footing or foundation drains present? Yes No Size of septic tank: gals Size and type of leaching system:	Property Add	dress:						Tel. No.:			
Garage, Porch) in Use (Winterization) Give a Brief Description of Proposed Application: (Performing winterization; type and number of noons being added; square footage of house addition, type of structures to be added, and footprint change, etc.) Addition/Renovation: No. of bedrooms: No. of balarooms: No. water use fixtures Increase in house footprint? Yes No. of other rooms: No. of tubs more than 99 gal.; Heat? Yes No Approximate proposed increase in floor area (in Sq. Ft.) Are footing or foundation drains required? Yes No Approximate floor area (in Sq. Ft.) No. of bathrooms: No. of oversized tubs (>99 gal.) Approximate floor area (in Sq. Ft.) Water supply: Private well Public water Footing of foundation drains present? Yes No Size and type of leaching system:			Street		Town	ZIP					
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Increase in house footprint? \vert Ves \vert No No. of other rooms: No. of tubs more than 99 gal.: Heat? \vert Ves \vert No Approximate proposed increase in floor area (in Sq. Ft.) Are footing or foundation drains required? \vert Yes \vert No of Existing Structure: \vert Residential \vert Non-Residential (Describe): No. of oversized tubs (>99 gal.) Approximate floor area (in Sq. Ft.) Water supply: \vert Private well \vert Public water Footing or foundation drains present? \vert Yes \vert No Existing Septic Vear system was installed? No well area (in Sq. Ft.) Water supply: \vert Private well \vert Public sewer available? \vert Yes \vert No Existing Septic Vear system was installed? No well area (in Sq. Ft.) Repair Public sewer available? \vert Yes \vert No Existing Septic Vear system was installed? No well area (in Sq. Ft.) No Has any soil testing been performed on the property? \vert Yes \vert No If yes, when and by whon? Owner or Duly Authorized Representative Date Email:		-							e footage of house		
Approximate proposed increase in floor area (in Sq. FL) Are footing or foundation drains required? Yes No Existing Structure: Residential Non-Residential (Describe): No. of oversized tubs (>99 gal.)	Addition/R	enovation:	No. of b	edrooms:	No. of bathro	ooms:		No. wa	ter use fixtures		
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Existing Septic Year system was installed?	Approximate										
Size of septic tank:gals. Size and type of leaching system: Curtain drain?] Yes] No Has any soil testing been performed on the property?] Yes] No If yes, when and by whom?	Footing or fou	undation drains preser	t? 🗌 Yes 🗌 No								
If yes, when and by whom?	Size of septic	tank: g									
Owner or Duly Authorized Renresentative (Print) Contact Phone Number: Signed:			•	•		y? 🗌 Y	Yes 🗌	No			
Owner or Duly Authorized Representative Date Email:	Owner or Du	ly Authorized				ntact Phone	e Numbe	er:			
Email:	Signed:	·									
Asperuck Health District Remarks: • Compliance with 19-13-B100a required		Owr	er or Duly Authorize	ed Representative			Date	9			
 Compliance with 19-13-B100a required	Email:										
Comments: APPROVAL: Approved: DATE: FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB Yes No Final Final Inspection/Final Approval:	• Soils eva	aluation required)a required]Yes 🗌 No]Yes 🗌 No	 Possible s Engineeri 	torm drain ng	-	_	Yes No		
APPROVAL: Approved: DATE: FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB Yes No Final Final Inspection/Final Approval:											
FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB Yes No Final Final Inspection/Final Approval:			·····								
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			spection/Final A	Approval:				Date	—		