

## APPLICATION FOR REVIEW OF FEASIBILITY OF A LOT DIVISION, LOT LINE CHANGE, OR LOT REDUCTION

**Date:** \_\_\_\_\_

**Lot 1**

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

**Lot 2:**

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

Brief Description of Proposed Application: \_\_\_\_\_

**Circle Yes or No**
**Lot 1**

Lot developed?    Yes    No    If no, is development proposed at this time?    Yes    No

**Existing Structure:**    Residential    Non-Residential (Describe): \_\_\_\_\_

No. of bedrooms: \_\_\_\_\_    No. of bathrooms: \_\_\_\_\_    No. of oversized tubs (&gt;99 gal.) \_\_\_\_\_

Approximate floor area (in Sq. Ft.) \_\_\_\_\_    Water supply:    Private well    Public water

Footing or foundation drains present?    Yes    No

**Existing Septic System:** Year system was installed? \_\_\_\_\_    New    Repair    Public sewer available?    Yes    No

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? \_\_\_\_\_

**Lot 2**

Lot developed?    Yes    No    If no, is development proposed at this time?    Yes    No

**Existing Structure:**    Residential    Non-Residential (Describe): \_\_\_\_\_

No. of bedrooms: \_\_\_\_\_    No. of bathrooms: \_\_\_\_\_    No. of oversized tubs (&gt;99 gal.) \_\_\_\_\_

Approximate floor area (in Sq. Ft.) \_\_\_\_\_    Water supply:    Private well    Public water

Footing or foundation drains present?    Yes    No

**Existing Septic System:** Year system was installed? \_\_\_\_\_    New    Repair    Public sewer available?    Yes    No

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? \_\_\_\_\_

**Signed (Lot 1):** \_\_\_\_\_

Owner or Duly Authorized Representative    Date

**Signed (Lot 2):** \_\_\_\_\_

Owner or Duly Authorized Representative    Date

### ASPETUCK HEALTH DISTRICT REMARKS:

- |   |     |    |                                 |     |    |
|---|-----|----|---------------------------------|-----|----|
| • Compliance with 19-13-B100a required? ..... | Yes | No | • Wetlands? .....               | Yes | No |
| • Soils evaluation required? .....            | Yes | No | • SSDS proposal required? ..... | Yes | No |
| • Permit to Construct required? .....         | Yes | No |                                 |     |    |

**Comments:**

\_\_\_\_\_

**APPROVAL:** Approved: \_\_\_\_\_ DATE: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING  
APPLICATION FOR REVIEW OF FEASIBILITY OF A LOT DIVISION,  
LOT LINE CHANGE, OR LOT REDUCTION**

**Fee is Non-Refundable**

**A. Please complete the application and attach the following:**

1. Two (2) copies of survey (plot plan) drawn to scale showing North direction with an arrow, and for each lot:
  - a) Existing dwelling(s), if any,
  - b) Location and size of septic tank and leaching area, if applicable,
  - c) Well location or public water easement, if applicable,
  - d) Water course or wetland areas,
  - e) Other permanent buildings or structures, including swimming pools and tennis courts,
  - f) Easements for other utilities, or other purposes.
2. Copy of approved subdivision map, if applicable.
3. Location of existing and proposed relocated lot lines.
4. A letter of authorization must accompany application, if not signed by owner. Both owners must sign application.
5. Check payable to *Aspetuck Health District* in the amount of **\$230.00**.

**B. Upon completion and submission of above, an appointment will be scheduled with a sanitarian for review.**

**C. Upon approval and submission of mylar for filing, the Aspetuck Health District will need three (3) paper copies of mylar.**

## CHECKLIST

### APPLICATION FOR REVIEW OF FEASIBILITY OF A LOT DIVISION, LOT LINE CHANGE, OR LOT REDUCTION

Lot 1 property address: \_\_\_\_\_

Lot 2 property address: \_\_\_\_\_

Application complete?    ☐ Yes ☐ No                      Date Completed: \_\_\_\_\_

#### **Resultant Lot 1**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Is soil testing information available for this lot? Yes No   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If no, will soil testing be required? Yes No   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the subsurface sewage disposal system serving any existing structure wholly contained within the relocated lot boundaries? Yes No | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does a code-complying area exist for the installation of a sub-surface sewage disposal system, if a newly created lot? Yes No        | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do all separating distances from the septic system comply with technical standard requirements? Yes No                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If on a private well, is there a minimum separating distance of 75 feet from each well to septic code-complying area? Yes No         | <input type="checkbox"/> | <input type="checkbox"/> |

#### **Resultant Lot 2**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Is soil testing information available for this lot? Yes No   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If no, will soil testing be required? Yes No   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the subsurface sewage disposal system serving any existing structure wholly contained within the relocated lot boundaries? Yes No | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does a code-complying area exist for the installation of a sub-surface sewage disposal system, if a newly created lot? Yes No        | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do all separating distances from the septic system comply with technical standard requirements? Yes No                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If on a private well, is there a minimum separating distance of 75 feet from each well to septic code-complying area? Yes No         | <input type="checkbox"/> | <input type="checkbox"/> |

#### **Decision**

☐ **Approved**    ☐ **Not Approved**

**By:** \_\_\_\_\_

**Signature**

**Note:** Diagram of Proposal (Plot Plan) shall be attached.

