



Aspetuck Health District 180 Bayberry Lane Westport, Connecticut 06880
T: 203.227.9571 F: 203.221.7199 W: www.aspetuckhd.org

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:

\$310.00*	Building Addition, Conversion, or Renovation (Habitable)	(In house or apartment, foundation change, additional living space, including a room over the garage, etc.)
\$260.00*	Accessory Structure (Non-Habitable)	(Decks, garages, porches.)

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



Fee is non-refundable.

\$ _____ Initials: _____

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

Date: _____ Owner's Name: _____

Address: _____ Tel. No.: _____

Street

Town

ZIP

**Type of
Application:**

☐

Building Addition

☐

Renovation

☐

Accessory Structure (Deck,
Garage, Porch)

☐

Building Conversion, Change
in Use (Winterization)

Give a Brief Description of (Performing winterization; type and number of rooms being added; square footage of house

Proposed Application: addition, type of structures to be added, and footprint change, etc.)

Addition/Renovation:

No. of bedrooms: _____

No. of bathrooms: _____

No. water use fixtures _____

Increase in house footprint? ☐ Yes ☐ No

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

Existing Structure:

☐

Residential

☐

Non-Residential (Describe):

No. of bedrooms: _____

No. of bathrooms: _____

No. of oversized tubs (>99 gal.) _____

Approximate floor area (in Sq. Ft.) _____

Water supply: ☐ Private well ☐ Public water Footing or

foundation drains present? Yes ☐ No ☐

Existing Septic

Year system was installed? _____

☐

New ☐ Repair

Public sewer available? ☐ Yes ☐ No

System: 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? _____

Owner or Duly Authorized
Representative (Print) _____

Contact Phone Number: _____

Signed:

Owner or Duly Authorized Representative

Date

Email:

ASPETUCK HEALTH DISTRICT REMARKS:

• Compliance with 19-13-B100a required ☐ Yes ☐ No

• Possible storm drainage structure required by

Engineering ☐ Yes ☐ No

• Soils evaluation required ☐ Yes ☐ No

• SSDS proposal required ☐ Yes ☐ No

• Wetlands ☐ Yes ☐ No ☐ Don't know

Comments: _____

APPROVAL: Approved: _____ DATE: _____

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Final Inspection	Final Inspection/Final Approval:	Sanitarian	Date

