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.*

ASPETUCK HEALTH DISTRICT

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

Date:_____ Owner's Name_____

Property Address:_____

Type of Application: ☐ Building Addition ☐ Renovation ☐ Accessory Structure (Deck, Garage, Porch) ☐ Building Conversion, Change in Use (Winterization)

Give a Brief Description of Proposed Application: (Performing winterization; type and number of rooms being added; square footage of house 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 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? _____

Owner or Duly Authorized Representative (Print) _____ Contact Phone Number:_____

Email:_____

Signed: _____ _____
Owner or Duly Authorized Representative Date

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: _____

Approved: _____ DATE: _____

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB	Yes ☐	No ☐
Final Inspection Final Inspection/Final Approval: _____ **Sanitarian**	_____ **Date**	

Revised 3/25/2025