



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

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

**\*Note:** A \$110.00 fee is charged for retroactive filing Applications.



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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** (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 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:** \_\_\_\_\_ Date \_\_\_\_\_  
Owner or Duly Authorized Representative

#### **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: \_\_\_\_\_

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