

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 (>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 (>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 **\$235.00**.

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.

