

PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

Main Office
196 NORTH MAIN STREET
SOUTHINGTON, CT 06489

Satellite Office
ONE CENTRAL SQUARE
PLAINVILLE, CT 06062

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APPLICATION FOR BUILDING ADDITIONS, POOLS, ACCESSORY STRUCTURES

NOTE: Provide with this completed application a detailed plot plan or drawing of the proposed addition, pool or accessory structure in relation to the existing house, building(s), septic system and/or water supply well (if applicable). Additional info may be required. See back page for sample.

Property Address: _____ Town _____

Property owner's name: _____ Phone # _____

Address (if different): _____

Contractor's Name: _____ Phone # _____

Address: _____

Provide a written description of the proposed addition, pool or accessory structure with dimensions.
(Examples: 16' x 24' in-ground pool in rear yard; 10' x 20' deck on piers attached to rear of house.)

Is Property served by a _____ PUBLIC WATER SUPPLY or a _____ PRIVATE WELL

Is Property served by a SEPTIC SYSTEM? YES / NO If yes, complete the following:

If RESIDENTIAL property, will the # of bedrooms change after the addition(s)? YES / NO

If yes, # of bedrooms **before** addition _____ # of bedrooms **after** addition _____

If NON-RESIDENTIAL property, will Square Footage of existing building increase after addition? YES / NO

If yes, the building's Square Footage **before** addition: _____ **after** the addition: _____

Are FOOTING OR FOUNDATION DRAINS being installed for the addition(s)? YES / NO

By signing below, you attest that the above information is accurate and you agree to notify this office of any changes.

Signed _____ Print name _____ Date _____
(Property owner or authorized representative)

-----BELOW IS FOR OFFICE USE ONLY-----

Min. separation distances OK: _____Septic _____Well (recommendations discussed) _____Code complying septic area OK

Notes _____

Fee collected (Above ground pool \$25; In-ground pool \$50): _____ Date: _____

Sanitarian's Signature: _____ Date: Approved: _____ Denied: _____