

PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

Serving the communities of Middlefield, Plainville and Southington

Main Office

Satellite Office

Satellite Office

196 NORTH MAIN ST.

ONE CENTRAL SQUARE

405 MAIN ST., STE.1

SOUTHINGTON CT 06489

PLAINVILLE CT 06062

MIDDLEFIELD CT 06455

860-276-6275 • FAX 860-276-6277 • pshd.org • SHANE LOCKWOOD, M.P.H., R.S., DIRECTOR OF HEALTH

APPLICATION FOR BUILDING ADDITIONS, POOLS, ACCESSORY STRUCTURES

- Complete application form, pay fee.
- Submit a plot plan which includes:
 - Property lines, existing footprint of house, location of septic system and well (if applicable).
 - Separation distances from the proposed addition to the septic system and well (if applicable).
 - Location of the proposed addition or accessory structure in relation to existing structures, property lines, and if applicable, water treatment wastewater dispersal system.
 - Area for future repair of the septic system.
- If no soil data is available for the property you will be required to perform soil testing at your own expense. Soil data is required to determine if a code complying area is available.
- Building modifications require current and revised floor plans.

Property Address: _____

Property Owner Information:

Name: _____ **Phone #:** _____

Address: _____

Contractor Information:

Name: _____ **Phone #:** _____

Address: _____

Detailed description of proposal (dimensions of addition/structure; number and type of rooms to be added; above-ground or in-ground pool, shed, etc.):

Septic System: Yes ___ No ___ **Year Installed/Septic tank size (Gallons):** _____

Private Well ___ **Public Water** ___

Residential ___ **Non-Residential** ___

Footing Drains required for addition? Yes ___ No ___

Of Bedrooms: Before addition _____ After addition _____

Signed: _____ **Print name:** _____ **Date:** _____

Fees: \$50; Shed only - \$15 **Paid:** \$ _____ **Date:** _____

-----FOR OFFICE USE ONLY-----

Soil Test data: YES NO **Code Complying Area:** YES NO **Complies with 19-13-B100a:** YES NO

Notes: _____

Sanitarian Signature: _____ **Date Approved** _____ **Denied** _____