

PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

Main Office
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Satellite Office
ONE CENTRAL SQUARE
PLAINVILLE, CT 06062

APPLICATION FOR BUILDING ADDITIONS, POOLS, ACCESSORY STRUCTURES

NOTE: A scaled diagram of the proposed addition or accessory structure in relation to existing structures, property lines, existing septic system and water source must be shown on attached detailed plot plan. This plot plan must show adequate area for primary septic system replacement (code-complying area). Building modifications require current and revised floor plans.

PROPERTY ADDRESS: _____

Lot #

Street Address

Town

Property Owner

Name: _____ Phone #: _____

Address: _____

Contractor

Name: _____ Phone #: _____

Address: _____

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

Residential _____ Non-Residential _____

of Bedrooms:

Before addition _____ After addition _____

Square Footage:

Existing dwelling _____ Addition _____

Footing Drains required for addition:

Yes _____ No _____

Water Supply:

Private _____ Public _____

Septic System:

Year installed _____

Tank size (gal.) _____

Size and type of leaching

system: _____

Signed _____ Date: _____

(Owner or duly authorized representative)

Fees: \$50; Shed only - \$15 Pd. \$ _____ Date: _____

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

Sanitarian Signature: _____

Approved: _____

Denied: _____