

**INFORMATION FOR COMPLETING APPLICATION
FOR BUILDING ADDITION, CONVERSION
OR ACCESSORY STRUCTURE**

For all applications requiring health district approval including building conversions, building additions, decks, swimming pools, etc.

1. Complete page one of application form and submit with review fee of \$180.
2. Provide a plot plan of the property showing property lines, existing and proposed footprint of house, location of septic system and well (if applicable).
3. For habitable space, provide a floor plan showing existing space as well as the proposed addition.
4. If there are no records of the septic system and/or soil testing for the property, you will be required to perform soil testing at your expense. A soil testing fee of \$175 will apply.
5. If soil testing is required, at least one deep test hole (minimum 6 ft. depth) and percolation hole (post hole size – 18-24” deep) must be dug on the property. Contact the sanitarian for suggested locations for these holes and for an appointment to observe the testing.
6. **PLEASE ALLOW AT LEAST THREE (3) – FIVE (5) WORKING DAYS FOR YOUR APPLICATION TO BE REVIEWED.**

Your proposal may not be approved if it cannot be demonstrated that a code compliant repair of the septic system can be made on the lot.

REQUIRED SEPARATING DISTANCES

Accessory structures, open decks, sheds, gazebos, etc. on tubes or piers to any part of the septic system.	5 ft.
Accessory structures constructed with a full wall frost protected footing to any part of the septic system.	15 ft.
Building with no footing drains to any part of the septic system.	15 ft.
Building with footing drains to any part of the septic system or well.	25 ft.
Above ground pool to any part of the septic system.	10 ft.
In-ground pool to any part of the septic system.	25 ft.

NAUGATUCK VALLEY HEALTH DISTRICT

98 Bank Street

Seymour, CT 06483

Phone (203) 881-3255 Fax (203) 881-3259

APPLICATION FOR BUILDING ADDITION, CONVERSION OR ACCESSORY STRUCTURE

Location: _____

Lot #: _____ Town: _____

Owner/Applicant: _____

Other Contact: _____

Address: _____

Daytime Phone: _____ Cell Phone: _____

Fees: \$180 Application Review Date Paid: _____ Receipt #: _____

Soil Testing Required? () Yes () No
\$175 Soil Testing Fee Date Paid: _____ Receipt #: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Notes: _____

NAUGATUCK VALLEY HEALTH DISTRICT
APPLICATION FOR BUILDING ADDITION, CONVERSION OR ACCESSORY STRUCTURE

NOTE: A SCALED DIAGRAM OF THE PROPOSED ADDITION OR ACCESSORY STRUCTURE IN RELATION TO EXISTING STRUCTURES, PROPERTY LINES, SEPTIC SYSTEM AND WATER SOURCE MUST BE SHOWN ON ATTACHED DETAILED PLOT PLAN. PROPOSED BUILDING PLANS MUST ALSO BE SUBMITTED WITH THIS APPLICATION.

Date: _____ Owner's Name: _____

Property Address: _____ Town: _____

Telephone #: _____ Cell Phone #: _____

Type of Application:

_____ Building Conversion, Change in Use (Winterization)

_____ Building Addition

_____ Accessory Structure, Attached or Detached Garage, Below or Above Ground Pool

_____ Lot Division, Lot Line Change, Lot Reduction

Give a Brief Description of Proposed Application: (performing winterization; type and number of rooms being added; square footage of house addition; and, type of structures to be added, etc.)

Existing Structure:

Residential _____ Non-Residential _____ If Non-Residential Describe _____

Number of Oversized Tubs (>99 gal.) _____ Gallons _____

Footing or Foundation Drains Present? _____ (Yes or No)

Water Supply: Private Well _____ Public Water _____

Existing Septic System:

Year System was installed? _____ New or Repair _____

Size of Septic Tank _____ gals. Size and Type of Leaching System: _____

Curtain Drain? ()Yes or ()No Has any soil testing been performed on the property? ()Yes or ()No

If yes, when and by whom: _____

Signed: _____ Date: _____ Appl. Fee Pd: _____

(Owner or Duly Authorized Representative)

(Over)

NAUGATUCK VALLEY HEALTH DISTRICT
APPLICATION FOR BUILDING ADDITION, CONVERSION OR ACCESSORY STRUCTURE
(Continued)

FOR OFFICE USE ONLY

Is soil testing information available for this property? ()Yes ()No; If no, is soil testing required?
()Yes ()No

Building Conversion. Change in Use: Applicable _____ Not Applicable: _____

Has a code complying area been determined for this property? ()Yes ()No

Will the proposed change result in greater than 50% increase in design flow? ()Yes ()No
If yes, will the property owner be required to expand the existing septic system? ()Yes ()No

Building Addition: Applicable _____ Not Applicable: _____ Has a code

complying area been determined for this property? ()Yes ()No

If a code complying area is not shown, the application must meet the following conditions:

1. Replacement area provides at least 50% of required effective leaching area.
2. Replacement area provides 50% of MLSS requirements.
3. The addition does not reduce the potential repair area.
4. The addition does not increase the design flow of building.
5. Separating distance to well is maintained

Notes _____

Will the proposed change result in greater than 50% increase in design flow? ()Yes ()No
If yes, will the property owner be required to expand the existing septic system? ()Yes ()No

Accessory Structure, Attached or Detached Garages, Below or Above Ground Pool:

Applicable _____ Not Applicable _____

Has a code complying area been determined for this property? ()Yes ()No

If a code complying area is not shown, the application must meet the following conditions:

1. Accessory structure, etc. does not reduce the potential repair area.
2. The separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements

Notes _____

Lot Division, Lot Line Change, Lot Reduction: Applicable _____ Not Applicable: _____

Has a code complying area been determined for this property? ()Yes ()No

Has a code complying primary and reserve area been determined for the newly created lot? ()Yes ()No

DECISION:

Approved/Not Approved By: _____ Date: _____

Note: Diagram of proposal (plot plan) shall be attached.