

Application# \_\_\_\_\_

Town \_\_\_\_\_

**CHATHAM HEALTH DISTRICT**  
20 East High Street  
East Hampton CT 06424  
860-267-9601

**19-13-B100a Application and Review**

<u>Activity</u>	<u>Fee</u>		<u>CK#</u>
1. Building Conversion, Change in Use	\$40	\$ _____	_____
2. Building Addition	\$40	\$ _____	_____
3. Garages/Accessory Structures, Swimming Pools	\$20	\$ _____	_____
4. Sewage Disposal Area Preservation	\$40	\$ _____	_____

Address of Property: \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

**Proposed Activity:**

Describe the proposed activity relative to either: (1) Building Conversion, Change in Use, (2) Building Addition, (3) Garages/Accessory Structures, Swimming Pools, Shed or (4) Sewage Disposal Area Preservation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Property Use (Please fill out one side):**

**Residential:** \_\_\_\_\_ **OR** **Non-Residential:** \_\_\_\_\_

Total Number of Bedrooms Existing: \_\_\_\_\_ Describe Existing Activity: \_\_\_\_\_

Total Number of Bedrooms after Proposed Activity: \_\_\_\_\_

Gallons per Day Existing: \_\_\_\_\_

Gallons per Day Discharge after Proposed Activity: \_\_\_\_\_

Property served by septic system? Yes or No Age and description of septic system: \_\_\_\_\_

Property served by on-site well? Yes or No Other: \_\_\_\_\_

**Required Information**

**Plot Plan:** Attached a scaled drawing showing property lines and dimensions, location and size of existing and proposed structures, and site features such as driveways, well and septic system(s), drains and watercourse and accessory structures, along with soil and percolation data and Code Complying Area.

**Building Plan:** Attached a sketch/floor plan of the existing and proposed structure(s), addition(s) and or renovation(s) with all rooms labeled with their existing and proposed designated use.

**Note:** Soil Test Data (Test Pit(s) and or Percolation Test(s)) are required for the review of this application. If Soil Test Data is not available on file for this Application, you will need to schedule an appointment with the Town's Health District Representative or The Health District Main Office for Soil Test Data collection. Please provide the proper equipment to conduct the Soil Test Data collection (i.e. machine to excavate test pit(s) and water to conduct percolation test(s)). An additional fee is required for this testing. Please schedule soil test data collection as soon as reasonable to avoid delays in processing your application.

Owner or Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_ Reason for Not Approved: \_\_\_\_\_