



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

B100a

Application for Additions, Conversions, Lot Line Changes, and Accessory Structures

Applicant/Owner Section	_____		_____
	<i>Property Address</i>		<i>Town</i>
	_____		_____
	<i>Owner's Name</i>		<i>Owner's Phone #</i>
Proposed Activity	Describe Proposal: Include DIMENSIONS , TYPE of structure, FLOOR PLANS , if applicable		

Plan Requirements	An A-2 Survey, Plot Plan, or GIS Town Map will be needed to show the following:		
	<ol style="list-style-type: none"> 1) The existing SEPTIC TANK and LEACHING FIELDS 2) The existing CITY WATER LINE or PRIVATE WELL(S) 3) The PROPOSED addition, conversion, or accessory structure 		
Soil Data Required	Depending upon the age of the septic system and the proposal, soil testing may be required per B100a of the <i>Connecticut Public Health Code</i> to show a Septic Reserve Area.		
	Please CALL NVHD at 203-881-3255 to discuss with a sanitarian if soil testing will be required before submitting the B100a application (Additional soil application & fee may apply).		
REVIEW FEES	<input type="checkbox"/> \$100 Accessory Structure <input type="checkbox"/> \$155 Building Addition <input type="checkbox"/> \$180 Conversion / Change in Use		<u>EXAMPLES:</u> ➤ Accessory Structure: deck, porch, barn, garage, gazebo, pool ➤ Building Addition: changes in footprint, 2 nd floor additions, kitchen extension, added living space to the home. ➤ Conversion / Change in Use: changing a garage into a living space, adding a full bathroom, or converting a basement into a bedroom.
	Applicant/Owner Signature: X _____ Date: _____		
OFFICE USE ONLY	<input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Not Approved		Date Paid: _____
	Approved by: _____		Receipt # _____

Ansonia ●

Beacon Falls ●

Derby



Naugatuck ●

Seymour ●

Shelton