



Naugatuck Valley Health District


98 Bank Street Seymour, CT 06483

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

Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

Public Health
Prevent. Promote. Protect.

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>	<i>Owner's E-mail</i>
	_____	_____	_____
	<i>Applicant's Name</i>	<i>Applicant's Phone #</i>	<i>Applicant's E-mail</i>
Proposed Activity	Description of project: include DIMENSIONS , TYPE of structure, FLOOR PLANS , if applicable. _____ _____		
Requirements	This application must be accompanied by: 1) A plot plan, GIS Town Map, A-2 Survey showing distances from the location of proposed structure, addition etc. to the existing SEPTIC SYSTEMS and CITY WATER LINE OR PRIVATE WELLS, and 2) A code-complying septic system area, <i>if required</i> . 3) Returnable floor plans or layout drawing.		
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 code complying septic area.  Please CALL NVHD at 203-881-3255 to discuss with a sanitarian if soil testing and a code complying septic area proposal will be required. An additional application for soil testing & fee may apply.		
REVIEW FEES	<input type="checkbox"/> \$100 Accessory Structure <input type="checkbox"/> \$150 Addition, Change in Use, Conversion, Lot line revision <input type="checkbox"/> Other: _____	<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, winterizing a structure, finishing basement, adding a bedroom. ➤ Lot Line Revision: Sub-Dividing an existing lot, lot line change. ➤ Other: shed less than 200sf, generator, buried/above ground fuel tanks	
Applicant/Owner Signature: X _____ Date: _____			
HEALTH DISTRICT USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		FEE PAID: YES / NO	<input type="checkbox"/> CHECK# _____ <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH: RECEIPT # _____
Comments: _____ _____			
Approved By: _____ Date: _____			

