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.

Review for B100a Compliance

Applicant/Owner Section	**Property Address:** _____ **Town:** _____ **Owner:** Name _____ Phone # _____ E-mail _____ **Applicant:** Name _____ Phone # _____ E-mail _____
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, or A-2 Survey showing location of proposed structure, addition etc. and distance from the existing SEPTIC SYSTEMS and CITY WATER LINE OR PRIVATE WELL(S), 2) A code-complying septic system area, *if required.* 3) Returnable floor plans or layout drawing.
Soil Data Required	If **no soil data** is on file or information is inadequate, soil testing may be required per **B100a** of the *Connecticut Public Health Code.* ⚠️ *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** applies.*
REVIEW FEES	❏ $100 Accessory Structure ❏ $150 Addition, Change in Use, Conversion, Lot line revision ❏ $10 Other (compliance sign-off): _____	**EXAMPLES:** ➢ **Accessory Structure**: deck, porch, barn, detached garage, gazebo, pool ➢ **Building Addition**: changes in footprint, 2ⁿᵈ 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**: (compliance sign-offs) new house, shed less than 200sf, generator, buried/above ground fuel tanks

Applicant or Owner Signature: **X**_____ Date: _____

HEALTH DISTRICT USE ONLY:	FEE PAID:	❏ CHECK#_____
❏ Approved ❏ Not Approved	YES / NO	❏ CREDIT CARD ❏ CASH: RECEPT #_____

Soil testing required: **YES / NO**   Design Plan, sketch code-complying area on file: **YES / NO**

Comments:_____

_____

Approved By:_____ Date: _____