



Eastern Highlands Health District

4 South Eagleville Road • Mansfield, CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • www.ehhd.org

APPLICATION FOR PLAN REVIEW

Please submit this application with fees to the Eastern Highlands Health District office for your town. No plan will be received by the Health District without a completed application and fee.* Initial review time is 10 working days (one lot).
Review time for subdivision is 10 – 15 working days.

DATE: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

TYPE OF REVIEW: Non-Engineered Septic Design _____ \$125.00 Engineered Septic Design _____ \$125.00
Tank Replacement Plan Review _____ \$60.00
Design flow > 2000 GPD _____ \$350.00 Design Flow > 5000 GBD _____ \$460.00
Subdivision Plan Review \$120.00 x Number of Lots in Subdivision _____ = Fee due _____

IF REVIEW FOR SUBDIVISION, PROPOSED NAME: _____

LOCATION OF PROPERTY: _____
STREET NUMBER: _____ LOT NUMBER: _____ OR ASSESSOR'S MAP/BLOCK/LOT# _____

If no street number or lot number is available, assessor's map/block/lot number MUST be provided.

As the property owner or duly authorized representative of the property owner for the above referenced property, I agree to permit EHHD staff to enter the above referenced property as part of this plan review process. I further agree that this authorization to enter the subject property may extend through a period of time ending with the final plan approval and affirm such with my signature below.

***FEES:**
Checks Payable to the Eastern Highlands Health District (EHHD).
Coventry: Checks payable to Town of Coventry;
Tolland: checks payable to Town of Tolland

Signature of Applicant

(Completed application for plan review not needed if plan is submitted as part of application to construct septic system.)

Office Use Only:
Date: _____ Amount Enclosed: _____ Check Number/Cash: _____ Receipt No. _____