EASTERN HIGHLANDS HEALTH DISTRICT

B100A APPLICATION

(for building conversion, change of use, building addition, accessory structure and lot line change)

The initial review time is 5 – 10 working days. Applications requiring soil testing will require additional time to complete the review process.

APPLICANT / OWNER SECTION

_____ / _____
Address of proposed activity Street Number Town

_____ / _____ / _____
Owner Name Mailing Address (street address,city,zip) Telephone

_____ / _____ / _____
Applicant Name (if different than owner) Mailing Address (street address,city,zip) Telephone

_____ _____
Email Address Owner Email Address Applicant (if different than owner)

PROPOSED ACTIVITY

Describe the proposed structure or activity with dimensions (e.g.= "addition with bedroom, bathroom and family room" or "in ground/above ground pool" or "deck" or "winterizing existing porch") _____

_____

EXISTING PROPERTY USE

Residential Y N Number of existing bedrooms _____

Non-residential Y N Please describe _____

Property served by septic system? Y N Age of System _____

Property served by on-site well? Y N Other _____

PLAN NEEDS

Plot plan – attach a scaled drawing showing property lines and dimensions, location and size of existing and proposed structures, and site features, such as driveways, wells and septic systems, drains and watercourses.
Building plan – attach a sketch/floor plan of the proposed structure, addition or renovation showing existing and proposed rooms with door and window locations.

SOIL DATA REQUIRED

NOTE: Soil test data (deep test pits and percolation test) are required for the review of this application. If soil test data is NOT available in your property file, you will need to schedule an appointment with the health district sanitarian in your town for soil testing (additional application and fees are required). Please schedule soil testing as soon as reasonably possible to avoid delays in processing your application. If you have any questions regarding the soil testing, please contact the Eastern Highlands Health District sanitarian in your town.

As property owner or duly authorized representative of the property owner of the above referenced property, I agree to permit EHHD staff to enter the above referenced property as part of this B100a application review process. I further agree that this authorization to enter the subject property may extend through a period of time ending with the final B100a application approval and affirm such with my signature below.

Please read the requirements above before signing and submitting this application.

Applicant Signature _____ Date _____

OFFICE USE ONLY

Application approved ____ Not approved _____ By _____ Date _____
Comments/Conditions _____
_____
_____

Please return this form, plans and an application review fee to the Eastern Highlands Health District office for your town.
Fees: Building Conversion or change of use - $65.00
Living space increase – additions or expansions - $65.00
Accessory structures (garages, pools, decks, gazebos, sheds) - $50.00
Lot line changes - $50.00

Checks payable to EHHD
Coventry: payable to "Town of Coventry"
Tolland: Payable to "Town of Tolland"

EHHD USE ONLY: DATE RECEIVED_____ CHECK NO/CASH_____ RECEIPT NO _____ FMP NO_____

Revised: May 2016

↓ FOR OFFICE USE ONLY ↓

Application complete: Form: _____ Plot Plan: _____ Building Plan: _____ Information Needed Y N	_____ _____ _____ _____ Notified Applicant _____
Soil Data Available Test Pits _____ Perc Test _____ Need Soil Data Y N	_____ _____ _____ Notified Applicant _____ Scheduled _____
Activity Building Conversion ____ Change in use ____ Addition w/increase of flow ____ Addition w/no increase of flow ____	Code complying area found Y N Will proposed change result in expanding system? Y N _____ _____ _____ _____
Addition w/no increase of flow ____	OR potential repair area found that meets the following conditions: 1. Replacement area provides 50% of effective leaching area Y N 2. Replacement area provides 50% of MLSS requirement Y N 3. No exception(s) to well separation distance is required Y N 4. The addition does not reduce the potential repair area Y N 5. The addition does not increase the design flow of the building Y N
Accessory structure	Code complying area? Y N Potential repair area identified? Y N
Lot size reduction \ Lot line change	Code complying area? Y N
General Information	Will this activity negatively impact existing sewage disposal system? Y N Will this activity negatively impact existing well(s) and/or drains? Y N Are separating distances okay? Y N

Notes:

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