



East Shore District Health Department
Serving Branford, East Haven and North Branford

APPLICATION FOR BUILDING CONVERSION, BUILDING ADDITION OR ACCESSORY STRUCTURE

NOTE: A SCALED DIAGRAM OF THE PROPOSED ADDITION OR ACCESSORY STRUCTURE IN RELATION TO EXISTING STRUCTURES, PROPERTY LINES, SEPTIC SYSTEM AND OTHER DRAINAGE STRUCTURES, AND WATER SOURCE MUST BE SHOWN ON BACK OR ATTACH DETAILED PLOT PLAN. PROPOSED BUILDING PLANS MUST ALSO BE SUBMITTED WITH THIS APPLICATION.

Date: _____ Owner's Name: _____

Property Address: _____
(Street) (Town)

Telephone No.: _____

TYPE OF APPLICATION:

- _____ Building Conversion, Change in Use (Winterization)
- _____ Building Addition
- _____ Accessory Structure, Attached or Detached Garage, Below or Above Ground Pool etc.
- _____ Lot division, Lot Line change, Lot Reduction

GIVE A BRIEF DESCRIPTION OF PROPOSED ADDITION

(performing winterization; type, size, and number of rooms being added; square footage of house addition; and, type and size of structures to be added, etc.)

EXISTING STRUCTURE

Residential _____ Non-residential ____
 If non-Res. Describe _____
 Number of Existing Bedrooms: _____ Number of Bathrooms: _____
 Number of Oversized Tubs(>99 gal.): _____ gallons: _____
 Approximate Existing Floor Area (in sq. ft.): _____
 Approximate Proposed Floor Area _____
 Footing or Foundation Drains Present? _____ (Y or N)
 Water Supply: Private Well _____ Public Water _____
 Public Watershed Area? _____(Y or N)

EXISTING SEPTIC SYSTEM

Year System was Installed? _____ New or, Repair? _____
 Size of Septic Tank: _____ gals. Size and Type of Leaching System: _____

Curtain Drain? _____(Y or N)
 Has any soil testing been performed on the property? _____ (Y or N)
 If yes, when and by whom? _____

Signed _____
 (Owner or Duly Authorized Representative)

Application Fee Paid _____

