AST SHORE DISTRICT HEALTH DEPARTMENT

688 East Main Street, Orchard Research Park •Branford, CT 06405 Telephone: (203) 481-4233 Fax: (203) 483-6894

REVIEW

FOR PROPERTIES THAT DO NOT REQUIRE A B100 A APPROVAL BUT REQUIRE A SIGN OFF FROM ESDHD

NOTE: A SCALED DIAGRAM OF THE PROPOSED ADDITION OR ACCESSORY STRUCTURE IN RELATION TO EXISTING WELL AND/OR SEPTIC MUST BE SHOWN ON BACK OR ATTACH DETAILED PLOT PLAN. Date: _____ Owner's Name: _____ Property Address: ______Telephone No.: ______Telephone No.: _____ TYPE OF APPLICATION: Building Addition _____Accessory Structure, Attached or Detached Garage, Below or Above Ground Pool etc. 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.) IS PROPERTY ON? SEPTIC SEWER
CITY WATER WELL Y N IS the well above grade? SEPARATION DISTANCE (DISTANCE BETWEEN WELL/SEPTIC AND PROJECT) Residential_____If non-Res. Describe_____ (Owner or Duly Authorized Representative)

Date: _____ SANITARIAN SIGNATURE _____APPROVED ____DENIED____

(over)

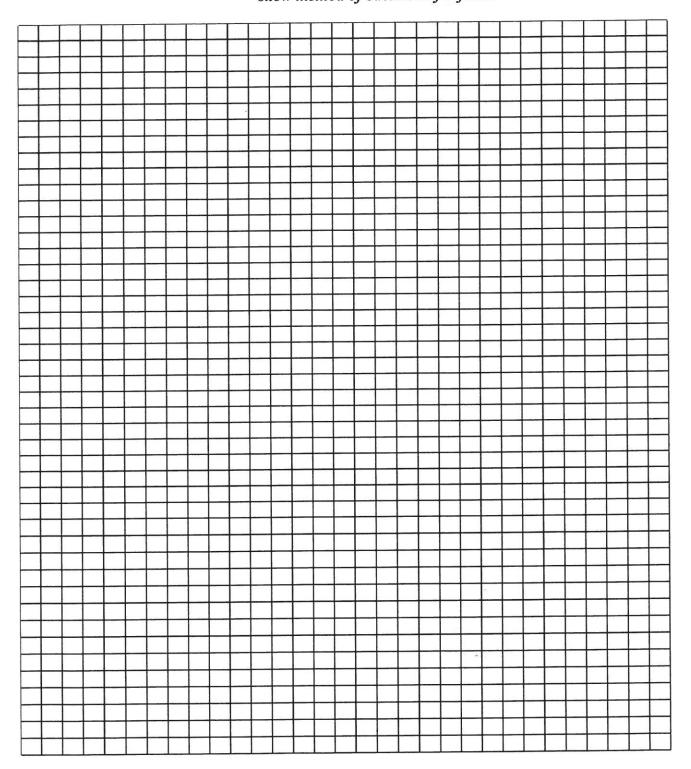
NO REFUNDS

Fee Amount (if applicable)

Date:

(approval valid 1 year from date signed)

<u>Diagram of proposed addition:</u> Show location of current septic system, and its distance from existing or proposed structure. Sketch and size the perimeter of the structure. Show reserve area, footing or ground water drains, easements, well location and lot dimensions, attached and detached buildings or other structures (pools decks, sheds, etc.) Indicate if areas of the lot will be regraded. If proposal is for a pool, show method of backwash for filter.



I attest that the above information is accurate to the best of my knowledge.

Signature of owner_	