



**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid by: \_\_\_\_\_

**APPLICATION FOR BUILDING CONVERSION, BUILDING ADDITION  
OR ACCESSORY STRUCTURE (CT PHC Section 19-13-B100a)**

(Review can take up to 14 days from submission of all required paperwork)

Date: \_\_\_\_\_ Owners Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Town: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Submitted By: \_\_\_\_\_

**TYPE OF APPLICATION:**

\_\_\_\_\_ Building Conversion, Change in Use (Winterization)

\_\_\_\_\_ Building Addition

\_\_\_\_\_ Accessory Structure (shed, garage, pool, etc.)

\_\_\_\_\_ Lot division, Lot Line change

\_\_\_\_\_ Interior renovation, no increase in bedrooms *(Submit existing and proposed plans)*

**GIVE A BRIEF DESCRIPTION OF PROPOSED ADDITION.** (Dimensions; number/type of rooms to be added; above/inground pool; decks; etc.)

**Building/Septic Information:**

☐ Residential \_\_\_\_\_ Non-Residential \_\_\_\_\_

☐ Septic System: Yes \_\_\_\_\_ No \_\_\_\_\_

Year Installed \_\_\_\_\_

Septic Tank size (Gals): \_\_\_\_\_

☐ Private Well \_\_\_\_\_ Public Water \_\_\_\_\_

☐ # of Bedrooms:

Before Addition \_\_\_\_\_ After Addition \_\_\_\_\_

☐ Footing Drains required? Yes \_\_\_\_\_ No \_\_\_\_\_

☐ Soil test data available? Yes \_\_\_\_\_ No \_\_\_\_\_

(Soil test data is required to determine if a code complying area is available on the property)

**\*ALL ITEMS BELOW MUST BE ADDRESSED TO REVIEW THE APPLICATION\***

**Provide a Diagram of Proposed Addition with The Following:** (Provide copy or use template on back)

- ☐ Plot plan with property lines
- ☐ Location of septic tank and leaching system
- ☐ Location of house and other structures on property
- ☐ Location of wells if applicable
- ☐ Area for future repair of septic system (code complying area)

**Fill in the following information:**

☐ Distance from septic tank to proposed addition/structure: \_\_\_\_\_

☐ Distance from leaching system to proposed addition/structure: \_\_\_\_\_

*I attest that the information on this application is accurate to the best of my knowledge.*

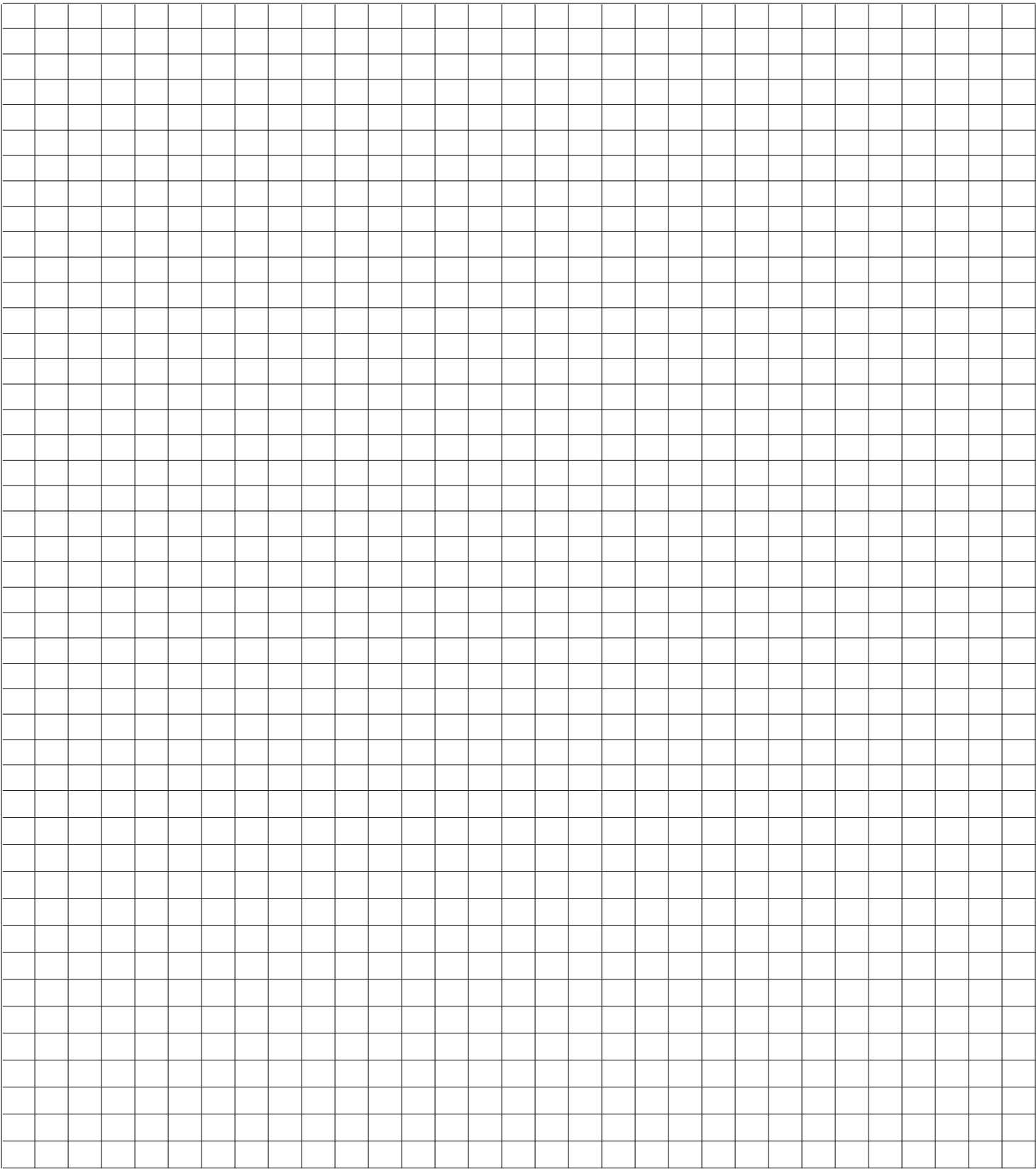
Signed \_\_\_\_\_  
(Owner or Duly Authorized Representative)

Application Fee Paid \_\_\_\_\_  
(Approvals only valid for 1 year)

Rev. 2/2023

(over)

NO REFUNDS



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