



Connecticut River Area Health District

455 Boston Post Rd, Suite 7
Old Saybrook, CT 06475

Telephone: (860) 661.3300 – FAX (860) 661-3300 – www.crahd.org

Application #:

Fee: \$100.00

Payable to: CRAHD

B-100a: Application

Note: A diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on attached detailed plot plan. Proposed building plans must be submitted with this application.

Submit any/all septic system information and soil testing available for the subject property.

Circle Town: Old Saybrook Clinton Deep River Higganum Haddam Chester

Date: _____ Property Address: _____

Owners Name: _____ Applicant EMAIL Address: _____

Applicant Name: _____ Applicant Address: _____

Applicant Phone #: _____ Applicant FAX #: _____

Existing Structure: Residential: EXISTING # of Bedrooms: _____

Non- Residential: EXISTING Use: _____

Water Service: Well Public

Type of Application:

- Building Conversion
(Winterization/ Change in Use (Addition of Bedrooms, etc.))
- Building Addition
- Accessory Structure
(Garages, Pools, Sheds, Decks, etc.)
- Lot Division, Lot Line Change, Lot Reduction



Give a brief description of the proposed application: _____

Print Name: _____ Signature: _____

(Owner or authorized agent name and signature required to process application)

This 2nd Page of the Application is ONLY for CRAHD Staff to Complete

Address _____ Check # _____ Cash _____

Building Conversion/Change in Use: **Applicable**

Has a Code Complying Area been determined for this property? Yes No

Will the proposed change result in greater than a 50% increase in design flow? Yes No

- If YES, will the property be required to expand the existing septic system? Yes No

Building Addition: **Applicable**

Has a Code Complying Area been determined for this property? Yes No

If a Code Complying Area is not found, does the application meet the following conditions? Yes No

1. Replacement area **provides** 50% of the Effective Leaching Area,
2. Replacement area **provides** 50% of the MLSS requirement,
3. **No** exception(s) to well separation distances is required,
4. The addition does **not** reduce the Potential Repair Area,
5. The addition does **not** increase the design flow of the building.

Will the proposed addition result in a greater than 50% increase in design flow? Yes No

- If yes, will the property owner be required to expand the existing septic system? Yes No

Accessory Structure: **Applicable**

Has a Code Complying Area been determined for this property? Yes No

If a Code Complying Area is not found, does the application meet the following conditions? Yes No

1. Accessory structure, etc. does **not** reduce the Potential Repair Area and the separation distances between the accessory structures, et. And any part of the existing septic system shall comply with Technical Standard requirements.

Lot Division, Lot Line Change, Lot Reduction: **Applicable**

Has a Code Complying Area been determined on the lot containing the existing building and has a Code Complying Primary and Reserve area been determined for the new lot? Yes No

Will the Septic System be repaired? Yes No **Approved** **Not Approved**

Applicable ONLY to Old Saybrook	Is this property within the Wastewater Management District? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is this property an AT or W Lot? <input type="checkbox"/> Yes* <input type="checkbox"/> No

*Send AT agreement notification letter to property owner if applicable

Comments: _____

Signed: _____ Date: _____