

WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

Non-refundable Fee:

\$220.00

Approval Valid for One Year

APPLICATION FOR REVIEW OF FEASIBILITY OF A LOT DIVISION, LOT LINE CHANGE, OR LOT REDUCTION

Date: _____

Lot 1

Owner's Name: _____

Property Address: _____

Subdivision Name: _____ Lot #: _____

Lot 2:

Owner's Name: _____

Property Address: _____

Subdivision Name: _____ Lot #: _____

Brief Description of Proposed Application: _____

Lot 1

Lot developed? Yes No If no, is development proposed at this time? Yes No

Existing Structure: Residential Non-Residential (Describe): _____

No. of bedrooms: _____ No. of bathrooms: _____ No. of oversized tubs (>99 gal.) _____

Approximate floor area (in Sq. Ft.) _____ Water supply: Private well Public water

Footing or foundation drains present? Yes No

Existing Septic System: Year system was installed? _____ New Repair Public sewer available? Yes No

Size of septic tank: _____ gals. Size and type of leaching system: _____

Curtain drain? Yes No Has any soil testing been performed on the property? Yes No

If yes, when and by whom? _____

Lot 2

Lot developed? Yes No If no, is development proposed at this time? Yes No

Existing Structure: Residential Non-Residential (Describe): _____

No. of bedrooms: _____ No. of bathrooms: _____ No. of oversized tubs (>99 gal.) _____

Approximate floor area (in Sq. Ft.) _____ Water supply: Private well Public water

Footing or foundation drains present? Yes No

Existing Septic System: Year system was installed? _____ New Repair Public sewer available? Yes No

Size of septic tank: _____ gals. Size and type of leaching system: _____

Curtain drain? Yes No Has any soil testing been performed on the property? Yes No

If yes, when and by whom? _____

Signed (Lot 1): _____

Owner or Duly Authorized Representative

Date

Signed (Lot 2): _____

Owner or Duly Authorized Representative

Date

WWHD REMARKS:

- Compliance with 19-13-B100a required?... Yes No
- Soils evaluation required? Yes No
- Wetlands? Yes No
- SSDS proposal required? Yes No
- Permit to Construct required? Yes No

Comments: _____

APPROVAL: Approved: _____ **DATE:** _____



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**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR REVIEW OF FEASIBILITY OF A LOT DIVISION,
LOT LINE CHANGE, OR LOT REDUCTION**

Fee is Non-Refundable

A. Please complete the application and attach the following:

1. Two (2) copies of survey (plot plan) drawn to scale showing North direction with an arrow, and for each lot:
 - a) Existing dwelling(s), if any,
 - b) Location and size of septic tank and leaching area, if applicable,
 - c) Well location or public water easement, if applicable,
 - d) Water course or wetland areas,
 - e) Other permanent buildings or structures, including swimming pools and tennis courts,
 - f) Easements for other utilities, or other purposes.
2. Copy of approved subdivision map, if applicable.
3. Location of existing and proposed relocated lot lines.
4. A letter of authorization must accompany application, if not signed by owner. Both owners must sign application.
5. Check payable to *Westport Weston Health District* in the amount of **\$220.00**.

B. Upon completion and submission of above, an appointment will be scheduled with a sanitarian for review.

C. Upon approval and submission of mylar for filing, the Westport Weston Health District will need three (3) paper copies of mylar.



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CHECKLIST

APPLICATION FOR REVIEW OF FEASIBILITY OF A LOT DIVISION, LOT LINE CHANGE, OR LOT REDUCTION

Lot 1 property address: _____

Lot 2 property address: _____

Application complete? _____ Yes No Date completed: _____

Resultant Lot 1

- 1. Is soil testing information available for this lot? Yes No
- 2. If no, will soil testing be required? Yes No
- 3. Is the subsurface sewage disposal system serving any existing structure wholly contained within the relocated lot boundaries? Yes No
- 4. Does a code-complying area exist for the installation of a sub-surface sewage disposal system, if a newly created lot? Yes No
- 5. Do all separating distances from the septic system comply with technical standard requirements? Yes No
- 6. If on a private well, is there a minimum separating distance of 75 feet from each well to septic code-complying area? Yes No

Resultant Lot 2

- 1. Is soil testing information available for this lot? Yes No
- 2. If no, will soil testing be required? Yes No
- 3. Is the subsurface sewage disposal system serving any existing structure wholly contained within the relocated lot boundaries? Yes No
- 4. Does a code-complying area exist for the installation of a sub-surface sewage disposal system, if a newly created lot? Yes No
- 5. Do all separating distances from the septic system comply with technical standard requirements? Yes No
- 6. If on a private well, is there a minimum separating distance of 75 feet from each well to septic code-complying area? Yes No

Decision

Approved **Not Approved**

By: _____

Signature

Note: Diagram of Proposal (Plot Plan) shall be attached.