



WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

INSTRUCTIONS FOR COMPLETING APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, BUILDING RENOVATION OR ACCESSORY STRUCTURE

**Fee is Non-Refundable.
Permit Expires in 1 year
from Issue**

Please complete application and attach the following:

Two (2) copies of current (A2) survey drawn to scale showing North direction with an arrow. Survey must show all existing structures and additions on property. The survey will not be accepted without the existing septic, well or water line shown.

- a) Proposed addition,
- b) Location and size of septic tank and leaching area,
- c) Well location or public water service, if applicable. All utility trenches must be shown.
- d) Water course or wetland area,
- e) Other permanent buildings or structures,
- f) Easements for other utilities or other purposes.

Two (2) sets of building plans (labeled with address), including basement and attic.

Two (2) copies of floor plan of existing rooms and the proposed enlargement showing water use fixtures, i.e., whirlpools, hot tubs, sinks, etc. (labeled with address).

A letter of authorization must accompany application, if not signed by the owner.

Check payable to *Westport Weston Health District* in the amount of:

\$255.00*	Building Addition, Conversion, or Renovation (Habitable)	(In house or apartment, foundation change, additional living space, including a room over the garage, etc.)
\$210.00*	Accessory Structure (Non-Habitable)	(Decks, garages, porches.)
\$165.00*	Apartment/Cottage	(Water test required if on private well.)
\$55.00*	Elderly Conversion Apartment	(Water test required if on private well.)
\$285.00*	Water Test	

***Note:** A \$55.00 fee is charged for retroactive filing Applications.

Well water test, by sanitarian, if apartment is on private water well.



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\$ _____ Initials: _____

APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE

Date: _____ Owner's Name: _____

Property Address: _____ Tel. No.: _____

Street

Town

ZIP

Type of Application: Building Addition Renovation Accessory Structure (Deck, Garage, Porch) Building Conversion, Change in Use (Winterization)

Give a Brief Description of Proposed Application: (Performing winterization; type and number of rooms being added; square footage of house addition, type of structures to be added, and foot print change, etc.)

Addition/Renovation: No. of bedrooms: _____ No. of bathrooms: _____ No. water use fixtures _____
Increase in house footprint? Yes No No. of other rooms: _____ No. of tubs more than 99 gal.: _____ Heat? Yes No
Approximate proposed increase in floor area (in Sq. Ft.) _____ Are footing or foundation drains required? 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 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? _____

Owner or Duly Authorized Representative (Print) _____ Contact Phone Number: _____

Signed: _____
Owner or Duly Authorized Representative

Date

WWHD REMARKS:

- Compliance with 19-13-B100a required..... Yes No
- Soils evaluation required Yes No
- Wetlands Yes No Don't know
- Possible storm drainage structure required by Engineering Yes No
- SSDS proposal required Yes No

Comments: _____

APPROVAL: Approved: _____ DATE: _____

FINAL WWHD INSPECTION REQUIRED AT COMPLETION OF JOB		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Final Inspection	Final Inspection/Final Approval: _____	Sanitarian	Date

