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

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:

<table>
<thead>
<tr>
<th>Fee</th>
<th>Description</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>$265.00*</td>
<td>Building Addition, Conversion, or Renovation (Habitable)</td>
<td>(In house or apartment, foundation change, additional living space, including a room over the garage, etc.)</td>
</tr>
<tr>
<td>$220.00*</td>
<td>Accessory Structure (Non-Habitable)</td>
<td>(Decks, garages, porches.)</td>
</tr>
<tr>
<td>$330.00*</td>
<td>Water Test</td>
<td></td>
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*Note: A $100.00 fee is charged for retroactive filing Applications.
APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE

Date: ___________________________ Owner’s Name: ___________________________
Property Address: ____________________________________________________________
                          Street                          Town                          Zip
Tel. No.: ___________________________

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.: ______
Approximate proposed increase in floor area (in Sq. Ft.) ________

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)
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: ________________________________________________________________

____________________________________  ______________________________________
Owner or Duly Authorized Representative  Date

APPROVAL:  Approved: ___________________________  DATE: ___________________________

FINAL WWHD INSPECTION REQUIRED AT COMPLETION OF JOB  Yes ☐  No ☐

Final Inspection/Final Approval: ___________________________
Sanitarian
Date