

ASPETUCK 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 *Aspetuck Health District* in the amount of:

\$265.00*	Building Addition, Conversion, or Renovation (Habitable)	(In house or apartment, foundation change, additional living space, including a room over the garage, etc.)	
\$220.00*	Accessory Structure (Non-Habitable)	(Decks, garages, porches.)	
\$330.00*	Water Test		

^{*}Note: A \$100.00 fee is charged for retroactive filing Applications.



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\$	Initials:			

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

Date:	Owner's Name:							
Property Address:								
Street		Town ZIP						
Type of Application: Building Addition	n Renovation	☐ Accessory Structure (Deck, ☐ Building Conversion, Change Garage, Porch) in Use (Winterization)						
		ne and number of room e added, and footprint cha		e footage of house				
Addition/Renovation: No. o	of bedrooms:	No. of bathrooms:	No. wa	ter use fixtures				
Increase in house footprint? Yes No No. 6	of other rooms:	No. of tubs more than 9	99 gal.: Heat?	☐ Yes ☐ No				
Approximate proposed increase in floor area (in Sq	. Ft.)	Are footing or foundati	ion drains required?	☐ Yes ☐ No				
Existing Structure: Residential] Non-Residential (De	scribe):						
No. of bedrooms: No. o	f bathrooms:	No. of over	rsized tubs (>99 gal.)					
Approximate floor area (in Sq. Ft.)	proximate floor area (in Sq. Ft.) Water supply: Private well Public water							
Footing or foundation drains present? \square Yes \square	No							
Size of septic tank: gals. Size Curtain drain? Yes No Has any soil	e and type of leaching	d on the property?						
Owner or Duly Authorized								
		Contact Phor	ne Number:	·				
Signed: Owner or Duly Author	prized Representative		Date					
Asr	PETUCK HEALTH [DISTRICT REMARKS:						
• Compliance with 19-13-B100a required	Yes No		nage structure required					
 Soils evaluation required		SSDS proposal requ	uired	Yes No				
Comments:								
APPROVAL: Approved:			Date:					
FINAL AHD INSPECTION	ON REQUIRED AT C	COMPLETION OF JOB	Yes □ No □					
Final Final Inspection/Final Inspection	al Approval:	Sanitarian	Date					