



Connecticut River Area Health District
455 Boston Post Rd. Suite 7
Old Saybrook, CT 06475

Permit #: _____

Fee: \$175.00



Scan & Pay or
Check payable to: CRAHD

Old Saybrook, Clinton, Deep River, Haddam, Chester, Killingworth, Durham

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.

Town ☐ Durham ☐ Old Saybrook ☐ Clinton ☐ Deep River ☐ Haddam ☐ Chester ☐ Killingworth

Property Address: _____

Owners Name: _____ Map _____ Lot _____

Applicant Name: _____ Address: _____

Applicant Phone: _____ Email: _____

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

☐ Other _____

Describe Application: _____

Date: _____

Print Name: _____ Sign: _____

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