



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.

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

Property Address: _____

Applicant Name: _____

Applicant Phone: _____ Applicant 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

____ Central Subsurface Sewage Disposal System Exception (Additional fee of \$200 Required)

Describe Application:

Date: _____

Print Name: _____

Sign: _____

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