



Connecticut River Area Health District
455 Boston Post Rd. Suite 7, Old Saybrook, CT 06475
Phone 860-661-3300 Fax 860-661-3333

Application #: \_\_\_\_\_

Fee: \$125.00

Payable to: CRAHD

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: 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: \_\_\_\_\_ Signature: \_\_\_\_\_

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