



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

ENGINEERED PLAN REVIEW

CIRCLE: New Repair Subdivision

(New & Repair: \$125.00/Residential \$200.00/Commercial) (\$100 per lot)

ENGINEER: \_\_\_\_\_ LICENSE # \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ OWNER PHONE # \_\_\_\_\_

I attest that the plan submitted for Health District approval is compliant with the CT Public Health Code.

When applicable a copy of the building plans/floor layout must accompany the septic plan.

DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Office Use.....

FEE \_\_\_\_\_ Check # \_\_\_\_\_ Cash Credit/Debit

Date Approved: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Plan: \_\_\_\_\_ Last Revision Date: \_\_\_\_\_