



Connecticut River Area Health District  
 455 Boston Post Rd. Suite 7  
 Old Saybrook, CT 06475  
 Phone: 860-661-3300 Web: www.crahd.info

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)*