



DEPARTMENT OF PUBLIC HEALTH

TOWN OF SOUTHTON, 93 MAIN STREET, SOUTHTON, CT 06489

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Public Health
Prevent. Promote. Protect.

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APPLICATION TO CONSTRUCT, REPAIR OR MAKE CHANGES TO HOUSE OR PROPERTY

Application Date: _____ Bldg. Use Type: Residential / Food Service Establish. / Other _____

Property Address: Lot #: _____ Street Address: _____

Property Owner(s): _____ Phone Number: _____

Property Owner(s) Address (if different): _____

Do you have a Septic System? Yes No Describe location (front, rear, etc.): _____

Number of current bedrooms: _____ Will the project increase the number of bedrooms? No Yes - # added: _____

Do you have a Well? Yes No Is the well head above ground? Yes No Describe location (front, rear, etc.): _____

Have there been any problems with your Septic System and/or Well? Yes No If yes, please describe below:

Describe below the proposed addition, repair, remodel or new construction to the property or building, such as but not limited to additional rooms or space, installing above or below ground pool, adding a deck or shed, etc. List the dimensions, size, distance from building, and other pertinent details.

To the best of my knowledge and understanding, the information provided on this form is true and accurate.

Signature (owner or agent) _____ Date: _____

Contractor Contact Name & Phone #: _____

*****FOR OFFICE USE ONLY*****

Separation distance from Septic System and/or Well to proposed addition and/or change: _____

Approved date: _____ Variance issued? Yes (attach request) No Denied date: _____

Notes: _____

Date paid: _____ Amount: \$ _____ Sanitarian's Signature: _____