

# PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

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**Public Health**  
 Prevent. Promote. Protect.

## APPLICATION FOR BUILDING ADDITIONS, POOLS, ACCESSORY STRUCTURES

**NOTE:** A scaled diagram of the proposed addition or accessory structure in relation to existing structures, property lines, existing septic system and water source must be shown on attached detailed plot plan. This plot plan must show adequate area for primary septic system replacement (code-complying area). Building modifications require current and revised floor plans.

**PROPERTY ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 Lot #                      Street Address                      Town

**Property Owner**  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Contractor**  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Detailed description of request (addition/structure dimensions, number and type of rooms to be added, above- or in-ground pool, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Residential \_\_\_\_\_ Non-Residential \_\_\_\_\_  
 # of Bedrooms:  
 Before addition \_\_\_\_\_ After addition \_\_\_\_\_  
 Square Footage:  
 Existing dwelling \_\_\_\_\_ Addition \_\_\_\_\_  
 Footing Drains required for addition:  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Water Supply:  
 Private \_\_\_\_\_ Public \_\_\_\_\_  
Septic System:  
 Year installed \_\_\_\_\_  
 Tank size (gal.) \_\_\_\_\_  
 Size and type of leaching system: \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
 (Owner or duly authorized representative)

*Sanitarian Signature:* \_\_\_\_\_ *Approved:* \_\_\_\_\_ *Denied:* \_\_\_\_\_