



# SOUTH CENTRAL HEALTH DISTRICT

196 North Main St.  
Southington, CT 06489  
860.276.6275 | [schd-ct.org](http://schd-ct.org)

## APPLICATION FOR BUILDING ADDITIONS, POOLS, ACCESSORY STRUCTURES (B100a)

**FEES**  \$100  
 Well or Structure under 200 sq. ft. \$50

**Submit a plot plan that includes:**

- Property lines, existing footprint of house, proposed addition or accessory structure and location of septic system and well (if applicable)
- Separation distances from the proposed addition of the septic system and well (if applicable).
- Building modifications require current and revised floor plans.
- If no soil data is available for the property you will be required to perform soil testing at your own expense. Soil data is required to determine if a code complying area is available.

**Address** \_\_\_\_\_ **Town** \_\_\_\_\_

### Property Owner

Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Contractor Information

Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Description of proposal (dimensions, number/type of rooms to be added, above/in-ground pool, shed, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Septic System <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Installed _____	Tank Size (gallons) _____
<input type="checkbox"/> Private Well <input type="checkbox"/> Non-residential	# of bedrooms before addition _____	<input type="checkbox"/> Same
<input type="checkbox"/> Public Water <input type="checkbox"/> Residential	# after addition _____	
Footing drains required for addition <input type="checkbox"/> Yes <input type="checkbox"/> No		

The undersigned acknowledges that to the best of his/her knowledge, the information completed on this form is true and accurate

\_\_\_\_\_  
**Property Owner/Authorized Agent (sign & print)** **Date**

### FOR DISTRICT USE ONLY

Date \_\_\_\_\_  
Total Fee Paid \$ \_\_\_\_\_  
 Cash  Check  Money Order # \_\_\_\_\_ Fee Code(s) \_\_\_\_\_

Soil Test data  Yes  No Code Complying Area  Yes  No 19-13-B100a compliant  Yes  No

Sanitarian Signature \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Denied \_\_\_\_\_