

ESSEX HEALTH DEPARTMENT
29 WEST AVENUE, ESSEX, CONNECTICUT 06426
860-767-4340 860-767-8509
www.essexct.gov

APPLICATION FOR PLAN REVIEW

Fees: Subdivision/Preliminary Septic Review \$50.00/lot, Additions/Renovations \$50.00
 Accessory Structures, Pools \$25.00 Lot Line Change \$25.00

STREET LOCATION: _____ MAP _____ LOT _____

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHONE AND EMAIL: _____

OWNER NAME: _____

MAILING ADDRESS: _____

PHONE AND EMAIL: _____

I HEREBY REQUEST HEALTH DEPARTMENT APPROVAL OF A PLAN TO:

- Build an addition or renovate an existing building. This addition or renovation will:
- Increase the number of bedrooms from _____ to _____
 - Increase the lot coverage by _____ square feet
 - Increase habitable space within the existing structure by _____ square feet
 - Increase number of employees from _____ to _____
- Winterize a seasonal building
- Change the use of an existing building from _____ to _____
- Increase water usage due to: _____

- Construct or Increase the size of an Accessory Structure:
- Garage _____ square feet Deck/Open Porch _____ square feet
 - Shed _____ square feet Three season sun room _____ square feet
 - Other accessory building _____ square feet Describe: _____

- Construct an in-ground pool Construct an above-ground pool
- Modify the lot line(s) on an existing property
- Create a subdivision with _____ lots
- Preliminary Review Septic System Plan
- Existing lot with septic Existing lot without septic (vacant land)

Give a brief description of your project: _____

The following information must be provided with this application:

- Site Plan Layout showing the property lines, all existing structures, proposed addition/modification, size and location of the existing septic system (tank & leach fields) and well or public water line.
- Existing septic layout (as-built) No septic records available
- Current septic pumpout report (within 5 years) Date of pumpout: _____ Pumper Name: _____
- Soil testing data (if available)

FOR OFFICE USE ONLY

HEALTH DEPARTMENT REVIEW/APPROVAL

STREET LOCATION: _____ MAP _____ LOT _____

APPLICATION NO.: _____ DATE: _____ FEE PAID CK. NO.: _____

EXISTING SEPTIC INFORMATION

LOT SIZE: _____ AS-BUILT ON FILE YES NO N/A

INSTALLATION DATE: _____ INSTALLER _____

SEPTIC DESIGN SIZE: _____ TANK SIZE: _____

LEACHING DESCRIBE: _____ S.F. PROVIDED: _____ SF REQUIRED: _____

NOTES: _____

DOES THE EXISTING SEPTIC SYSTEM MEET B100a REQUIREMENTS..... YES NO
HAS A CODE COMPLYING AREA BEEN DETERMINED..... YES NO
IF NO, HAS A REPAIR AREA BEEN DETERMINED..... YES NO
WILL A REPAIR/MODIFICATION BE REQUIRED..... YES NO

SOIL TESTING DATA

IS ADDITIONAL SOIL TESTING NEEDED YES NO
TESTING USED FROM ANOTHER PROPERTY _____

ADDRESS

NOT APPROVED: Proposal must be re-submitted with plan showing potential area for septic system that meets all requirements of the Connecticut Public Health Code. Please Contact the Health Department

APPROVED WITH NO MODIFICATION of the existing septic system

APPROVED WITH THE FOLLOWING MODIFICATIONS of the existing septic system: _____

PRELIMINARY APPROVAL FOR SEPTIC DESIGN: _____

DEPARTMENT SIGNATURE: _____

Carol L. Lord, Registered Sanitarian

Date