

## B100a – Plan Review Application

- Fees:** ☐ Building Conversion/Change in Use \$85.00 ☐ Preliminary Septic Review for New Construction \$ 110.00  
☐ Addition/Renovation \$ 60.00 ☐ Subdivision/Preliminary Septic Review \$ 60.00 PER LOT  
☐ Accessory Structure \$ 35.00 ☐ Sewage Disposal Preservation \$ 35.00 (describe below)  
☐ Lot Line Change \$ 35.00 Irrigation Public Water // Well Water \$35.00

**Street Location** \_\_\_\_\_ **Map** \_\_\_\_\_ **Lot** \_\_\_\_\_

**Property Owner Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**License # (if applicable)** \_\_\_\_\_ **License Exp. Date** \_\_\_\_\_

- ☐ **Building Conversion or Change the Use**  
☐ Change Use of an Existing Building from \_\_\_\_\_ to \_\_\_\_\_  
☐ Increase the number of employees from \_\_\_\_\_ to \_\_\_\_\_ ☐ Winterize a seasonal building \_\_\_\_\_

- ☐ **Build an Addition or Renovate an existing building. This addition or renovation will:**  
☐ proposed addition will be (describe): \_\_\_\_\_  
☐ Increase heated/habitable space in the existing structure by \_\_\_\_\_ sq.ft.  
☐ Convert Use within an Existing Building from \_\_\_\_\_ to \_\_\_\_\_  
☐ Increase the number of bedrooms from \_\_\_\_\_ to \_\_\_\_\_ ☐ Increase lot coverage by \_\_\_\_\_ sq.ft.

- ☐ **Construct or Increase the size of an accessory structure:** Per CT PHC Sec. 19-13-B100a, accessory structures are non-habitable structures which are NOT served by a water supply and the use is incidental to residential or non-residential buildings  
☐ Garage \_\_\_\_\_ sq. ft. ☐ Open Deck/Porch \_\_\_\_\_ sq. ft. ☐ In-ground pool  
☐ Shed/Gazebo \_\_\_\_\_ sq. ft. ☐ Three-season/Sun Room \_\_\_\_\_ sq. ft. ☐ Above-ground pool  
☐ Barn \_\_\_\_\_ sq. ft. ☐ Other accessory building type: \_\_\_\_\_ & \_\_\_\_\_ sq. ft.

- ☐ **Preliminary Review of Septic System** ☐ **Modify Lot line** (property survey must be submitted  
☐ Existing lot with septic system ☐ Existing Lot (Vacant Land) ☐ Create subdivision with \_\_\_\_ (#) of lots.

- ☐ **Sewage Disposal Preservation Area:** (Irrigation lines, walls or cuts downgradient of the leaching system, or other projects which change the soil hydraulics)

**Provide a brief description of the project** \_\_\_\_\_

**Applicant Must Provide the following information with this application:** (check attached documents)

- ☐ 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 ☐ Soil test data (if available)  
☐ Current septic pump-out report ☐ Date of pump-out: \_\_\_\_\_ Pumper Name: \_\_\_\_\_

## Health Dept Review of the B100a Application

FOR OFFICE USE ONLY

Street Location \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_

Is the parcel in a **Water Resource District**? ☐ Yes (refer to zoning regs Section 104E.5) ☐ No  
☐ Is a Nitrate and Coliform Analysis Required? ☐ No

**Preliminary Review** of New Construction/Subdivision/Lot Line Change? ☐ Yes ☐ No Plan Date \_\_\_\_\_

**Existing Septic System Information:** AS-BUILT on file? ☐ Yes ☐ No Lot Size \_\_\_\_\_

Septic Design Size \_\_\_\_\_ Installation Date \_\_\_\_\_ Installer \_\_\_\_\_ License # \_\_\_\_\_

Tank Size \_\_\_\_\_ Pump Chamber \_\_\_\_\_ SF Prov'd \_\_\_\_\_ SF Req'd \_\_\_\_\_

Leaching System (describe) \_\_\_\_\_

NOTES \_\_\_\_\_

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### B100a Septic System Requirements

Does the 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

Is a repair/modification required? ☐ Yes ☐ No

### Soil Test Date

Is additional Soil Test Needed? ☐ Yes ☐ No

Testing used from another property located at: \_\_\_\_\_

**Percolation Rate** \_\_\_\_\_ min/inch

☐ **Not Approved:** Proposal must be re-submitted with a plan showing potential area for septic system that meets all requirements of the CT PHC Section 19-13-B100a. Please contact the Health Department.

☐ **Approved** with the following modifications of the existing septic system \_\_\_\_\_

\_\_\_\_\_

☐ **Preliminary Approval** for septic design \_\_\_\_\_

\_\_\_\_\_

☐ **Approved** with no modification of the existing septic system \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Director of Health, Registered Sanitarian or Authorized Agent*

Application # \_\_\_\_\_ Date \_\_\_\_\_ Fee Paid (check #) \_\_\_\_\_