



**Housatonic Valley Health District**  
**Application for Change of Use/Conversion**

**Commercial & Residential**

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

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Owner of Property \_\_\_\_\_ Phone \_\_\_\_\_

\*Owner of record of house/commercial building. If condo, the Association or Board of Directors

Owner Address \_\_\_\_\_  
Street \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Existing Use	
Existing Use _____	
Name of Business _____	Square Footage _____
Water Supply: Public _____ Private _____	Daily Water Use _____
Sewage System (Size & Type) _____	

Proposed Use	
Proposed Use _____	
Name of Business _____	Square Footage _____
Water Supply: Public _____ Private _____	Daily Water Use _____
Sewage System (Size & Type) _____	

NOTE: Connecticut Public Health Code & HVHD policy require that the subsurface sewage disposal system be sized to reflect the proposed use. The following information is required with the completed application:

1. Plot Plan showing the location of both the existing and proposed building, sanitary system and water supply.
2. Calculations and any other information in order to demonstrate that the sewage system can support the proposed use (i.e. water use figures, soil test results, number of seats, application rate, etc)

Please Print:

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***(Must be owner or duly authorized representative)***

FOR OFFICE USE ONLY:

Rec # \_\_\_\_\_

Date \_\_\_\_\_

\$ \_\_\_\_\_

Rec'd By \_\_\_\_\_