



**Housatonic Valley Health District**  
**Application for Building Additions, Pools, Accessory Structures**

Building Addition, Pool, Accessory Structure	\$100.00	<i>Must be made payable to HVHD</i>
Shed without a Foundation	\$50.00	

NOTE: A scaled diagram of proposed addition/accessory structure in relation to existing structures, property lines, existing septic system & 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). *The Housatonic Valley Health District assumes no responsibility for present or future operation of the septic system or for any damage to the septic system caused by the new construction or any necessary testing.*

Property Address: \_\_\_\_\_  
   Street  Town  Zip Code

<b>Owner</b>		
Name: _____	Telephone #: _____	Fax #: _____
Mailing Address: _____		
Street	Town	Zip Code
Email: _____		
<b>Applicant If Different than Owner</b>		
Name: _____	Telephone #: _____	Fax #: _____
Email: _____		

Detailed Description of Request: addition/structure dimensions, # & type of rooms added, pool type, shed, etc

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

Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/>	Water Supply: Private <input type="checkbox"/> Public <input type="checkbox"/>	Footing Drains Required for Addition: Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Bedrooms Before Addition: ____ After Addition: ____	Septic System: Year Installed _____ Tank Size (gal) _____ Size & Type of Leaching System: _____	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Owner or Duly Authorized Representative)

**FOR DISTRICT USE ONLY:**

<b>Check#</b> _____	<b>Date Paid</b> _____	<b>\$ Amount</b> _____	<b>Rec'd by</b> _____
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Approved:  Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_