

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

Building Addition, Pool, Accessory Structure Shed without a Foundation

\$100.00 \$50.00 Must be made payable to HVHD

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.

Street Town Zip Code		Street		Town	Zip Code		
Street Town Zip Code	Owner						
Street Town Zip Code Email: Applicant If Different than Owner Name: Telephone #: Fax #: Email: Stailed Description of Request: addition/structure dimensions, # & type of rooms added, pool type, shed, etc Residential Non-Residential Water Supply: Private Public Footing Drains Required for Addition Yes No ### of Bedrooms	Name:	Te	lephone #:	Fax #:			
Applicant If Different than Owner Applicant If Different than Owner Telephone #: Fax #:	Mailing Address:						
Applicant If Different than Owner Name:					Zip Code		
Name: Telephone #: Fax #: Enail: Fax #: Enail: Fax #: Enail:							
etailed Description of Request: addition/structure dimensions, # & type of rooms added, pool type, shed, etc Residential Non-Residential Water Supply: Private Public Footing Drains Required for Addition Yes No	Applicant If Different the	an Owner					
etailed Description of Request: addition/structure dimensions, # & type of rooms added, pool type, shed, etc Residential Non-Residential Water Supply: Private Public Footing Drains Required for Addition Yes No For Bedrooms Septic System: Year Installed Tank Size (gal) Size & Type of Leaching System:	Name:	Te	lephone #:	Fax #:			
Residential Non-Residential Water Supply: Private Public Footing Drains Required for Addition Yes No # of Bedrooms	Email:						
Septic System: Year Installed Tank Size (gal) Size & Type of Leaching System: ignature: Date: (Owner or Duly Authorized Representative) FOR DISTRICT USE ONLY: Credit Card Date Paid \$ Amount Rec'd by pproved: Signed: Date: Plan Date: Plan Date:					T	- - -	
Size & Type of Leaching System: Size & Type of Leaching System: Date:	Residential □ Non-Residential □		Water Supply: Private □ Public □		· ·		
Size & Type of Leaching System:	Before Addition: After Addition:		Septic System	Septic System: Year Installed Tank Size (gal)			
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	approved: □	Signed:		' Date:			