

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

Building Addition, Pool, Accessory Structure Shed without a Foundation

\$125.00 \$50.00 Must be made payable to HVHD

Applications can be emailed to eht@hvhdct.gov and an email will be sent to you with payment options or mail the completed application with the appropriate fee and all necessary documentation to our office.

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	
Owner Name:	Tel	ephone #:	Fax #:		
Mailing Address:					
	Street		Town	Zip Code	
Email:					
Applicant If Different than	Owner				
Name:	Tel	ephone #:	Fax #:		
Email:					
Residential Non-Resid	lential \square	Water Supply:	Private ☐ Public ☐	Footing Drains Required for Add	ition:
	lential \square			Yes No	ition:
# of Bedrooms		Septic System:	: Year Installed T	Yes No ank Size (gal)	ition:
Residential Non-Residential Non-Reside		Septic System:		Yes No ank Size (gal)	ition:
# of Bedrooms Before Addition: After	er Addition:	Septic System: Size & Type of	: Year Installed To	Yes No ank Size (gal)	
# of Bedrooms Before Addition: After	er Addition:	Septic System: Size & Type of	: Year Installed T	Yes □ No □ ank Size (gal)	
# of Bedrooms Before Addition: After	er Addition:	Septic System: Size & Type of	: Year Installed T	Yes □ No □ ank Size (gal)	
# of Bedrooms Before Addition: After	er Addition:	Septic System: Size & Type of	: Year Installed To the control of the contro	Yes □ No □ ank Size (gal) Date:	
# of Bedrooms Before Addition: After Signature: (Owner or D Credit Card Check#	Duly Authorized	Septic System: Size & Type of Representation FOR DIST	: Year Installed To be a control of the contr	Yes No Ank Size (gal) Date: Rec'd by	
# of Bedrooms Before Addition: After Signature: (Owner or D	Date Paid	Septic System: Size & Type of Representation FOR DIST	: Year Installed To the content of the conten	Yes No Ank Size (gal)	