



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

Residential: \$100.00      *Must be made payable to HVHD*  
Commercial: \$175.00

Address:

\_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code

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 \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**Existing Use**

Existing Use: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Water Supply: Private  Public       Daily Water Use (GPD): \_\_\_\_\_

Sewage System (Size & Type): \_\_\_\_\_

**Proposed Use**

Proposed Use: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Water Supply: Private  Public       Daily Water Use (GPD): \_\_\_\_\_

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 or Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

**DISTRICT USE ONLY**

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

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