



**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)

(Must be owner or duly authorized representative)

FOR DISTRICT USE ONLY:

<input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____	Date Paid _____	\$ Amount _____	Rec'd by _____
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Approved: Signed: _____ Date: _____ Plan Date: _____

Comments: _____
