



CHESPROCOTT HEALTH DISTRICT

1187 HIGHLAND AVENUE, SUITE 210 • CHESHIRE, CONNECTICUT 06410

PHONE (203) 272-2761 • FAX (203) 250-9412 • www.chesprocott.org

Kathryn Glendon, MPH Director of Health

Application to review Engineered Plans

Please Circle:

New Lot

Subdivision

Repair

B100 review

Please provide 2 sets of the septic plan (paper copy) and a copy of house plans (paper copy)

Property Address: Street # : _____ Lot #: _____ Street: _____ Town: _____

Owner of Property: _____

Mailing Address: _____

Phone Numbers (work & cell): _____ Email: _____

Builder's Name: _____

Mailing Address: _____

Phone Numbers (work & cell): _____ Email: _____

Septic Installer Name (if known): _____

Answer the following:

Number of Bedrooms or design: _____

Water Supply: _____ **Well or Public Water**

Garbage Disposal: _____ **Yes or No**

Footing Drains: _____ **Yes or No**

Fuel Tank: _____ **Yes or No** If exterior; Type of fuel _____ (locate on A-2 plot plan)

I certify that I am the owner of this property or the contractual representative of the owner. I understand that in addition to this a completed application & a A-2 plat plan is required with at least the following on it: dimensions of the lot and house, locations of house, well, septic system, soil tests, all drains, watercourses, WTW, Underground fuel tanks, watercourses, driveway and other information as required. I further acknowledge that I am responsible for securing any necessary permit required from other town agencies (building, Wetlands, Zoning ect)

OWNER/AGENT (FOR OWNER) _____ **Date:** _____
Signature

Print Name

OFFICE USE ONLY

Date Paid: _____ Check #: _____ or Cash: _____