## PUBLIC HEALTH REVIEW APPLICATION

(for reviewing compliance to public health codes – Initial review time is 5-10 working days.)

<table>
<thead>
<tr>
<th>Address of proposed activity</th>
<th>Street</th>
<th>Town</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Name</td>
<td>Email Address Owner</td>
<td></td>
</tr>
<tr>
<td>Mailing Address (street address, city, zip)</td>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>*Applicant/Contractor Name (if different than owner)</td>
<td>Email Address Applicant (if different than owner)</td>
<td></td>
</tr>
<tr>
<td>Mailing Address (street address, city, zip)</td>
<td>Telephone</td>
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</tbody>
</table>

*Contractors that conduct renovation, remodeling or paint removal activities on residential houses, apartments and child-occupied facilities built before 1978 MUST be EPA Certified to follow lead-safe work practices.

### Occupancy Type

- [ ] Residential  ___ single family  ___ two family  ____ multifamily 3+  ___ Apartments/condo
- [ ] Commercial  ____ office/bank building  ____ retail store/mercantile  ____ warehouse/storage  ____ Nursery/greenhouse  ____ service station  ____ hospital/institutional  ____ parking garage  ____ theater/recreational  ____ hotel/motel  ____ restaurant
- [ ] Municipal  ____ public works/utility building  ____ school/educational building
- [ ] Non-profit  ____ Church/religious building  ____ Hospital/Institutional Bldg  ____ Private Club  ____ school/educational building
- [ ] Agricultural  ____ Nursery/greenhouse  ____ Farm

### Proposed Activity - Select from the following:

- [ ] Accessory Structure (select from the following) ($50)
  - [ ] Deck/Porch  __ Sheds  ___ Barn  ___ Garage  ____ Propane tank  ____ Generator pad  ____ Solar array  ___ Above ground pool (with deck)  ___ Above ground pool (no deck)  ___ In ground pool  ___ Other: Please describe __________________________

- [ ] Water Treatment Wastewater ($50)

- [ ] Residential Addition, Renovation, Basement finishing, House Teardown, Replacement ($70)

- [ ] Residential Seasonal Conversion ($70)

- [ ] Lot Line Change ($50)

- [ ] Non residential change of use, addition or renovation ($70)
2. **Project Details & Additional Information**

Please provide a brief description of the proposed structure or activity. Include information such as dimensions of the structure (e.g., “addition with bedroom, bathroom and family room” or “in ground/above ground pool” or “deck” or “winterizing existing porch” or “converting retail office to doggie daycare”)

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Is the property served by a septic system? Y N  Age of system ___________________________

Is the property served by an on-site well? Y N

3. **Soil Testing**

Soil test data (deep test pits and percolation test) are required for the review of this application. If soil test data is NOT available in your property file, you will be notified by the health district sanitarian. **Then, an additional application and fee will be required.**

Upon receipt of the application and fee an appointment will be scheduled with the health district sanitarian in your town. If you have any questions regarding the soil testing, please contact the Eastern Highlands Health District sanitarian in your town or visit [WWW.EHHD.ORG](http://WWW.EHHD.ORG).

4. **Additional Documentation required**

**Plot plan** – attach a scaled drawing showing property lines and dimensions, location and size of existing and proposed structures, and site features, such as driveways, wells and septic systems, drains and watercourses.

**Building plan** – attach a sketch/floor plan of the proposed structure, addition or renovation showing existing and proposed rooms with door and window locations. If applicable, include the following information:

- Number of bedrooms in existing house ____  Number of bedrooms after addition________
- The addition will have the following ___ Heat ___ plumbing ___ Exterior sewer pipe ___ Interior sewer pipe
- Foundation: ___ frost wall ___ slab ___ piers ___Other
- Footing drains: ___ yes (show on plan) ___ no
- Cuts in grade <50’ downhill of septic system: ___ yes ___ no
- Distance of proposed structure/addition from: Septic tank _______ ft  Leaching area _______ ft  Well _______ ft

EHHD assumes no responsibility for present/future operation of septic system or for any damage to the septic system caused by the new construction or any necessary testing.

As property owner or duly authorized representative of the property owner of the above referenced property, I agree to permit EHHD staff to enter the above referenced property as part of this B100a application review process. I further agree, that this authorization to enter the subject property may extend through a period of time ending with the final Public Health Compliance Review approval and affirm such with my signature below.

Applicant Signature:_______________________________________  Date _____________________

Please return this form, plans and an application review fee to the Eastern Highlands Health District office for your town.

**For Office use only:**

Date received __________  Check no/cash _______ Receipt No_________  VP No_______

Checks payable to EHHD

**Coventry:** payable to “Town of Coventry”
**Tolland:** Payable to “Town of Tolland”
SOME IMPORTANT CONSIDERATIONS FOR PROJECTS ON PROPERTIES SERVED BY SEPTIC SYSTEMS

- **Adequacy of the Lot** - Before additions, etc. can be approved, you must demonstrate that there is an area to repair or expand your septic system on the property should the current one fail. If soil testing is determined to be necessary, a separate “Soil Test Application” must be submitted. A new septic system may not be required if the existing system is functioning adequately, but you must demonstrate the suitability of the site to support a new replacement system in the future if it becomes necessary. **NOTE: Soil test data (deep test pits and percolation test) are required for the review of this application.** If soil test data is NOT available in your property file, you will need to schedule an appointment with the health district sanitarian in your town for soil testing (additional application and fees are required). Please schedule soil testing as soon as reasonably possible to avoid delays in processing your application. If you have any questions regarding the soil testing, please contact the Eastern Highlands Health District sanitarian in your town.

- **Adequacy of septic system** - The system must be large enough to support its intended use. Information pertaining to septic system size and type must be provided. Often a change in use can overwhelm an inadequate system. Again, soil testing may be needed to determine whether the site has the capability of supporting the intended use.

- **Location** - The septic system location must be determined before the application can be reviewed to ensure that the system will not be damaged during construction. Also, the planned addition must meet the required separating distance to your septic system and **not** be located in an area that may be utilized as a septic area in the future. (For additional information about separating distances, see [www.ehhd.org/buildingprojects](http://www.ehhd.org/buildingprojects).)