



Connecticut River Area Health District Application #: _____

455 Boston Post Road, Suite 7

Old Saybrook, CT 06475

Telephone (860) 661-3300 · FAX (860) 661-3333

Serving Clinton, Deep River and Old Saybrook

Fee: \$100.00

Payable to: CRAHD

B-100a: Application

Note: A diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on attached detailed plot plan. Proposed building plans must also be submitted with this application. Submit any/all septic system information and soil testing available for the subject property.

Circle Town: Old Saybrook Clinton Deep River

Date: _____ Property Address: _____

Owners Name: _____ Owners Phone #: _____

Applicant Name: _____ Applicant Address: _____

Applicant Phone # _____ Applicant Fax # _____

Existing Structure: [Residential _____ **Number of Bedrooms** _____]

[Non-Residential _____ Describe _____]

Water Service: Well Public Year Septic System Installed: _____

Type of Application:

Building Conversion (Winterization)

Change in Use (Addition of Bedrooms etc.) Existing Bedrooms _____ Proposed Bedrooms _____

Building Addition Existing sq.ft _____ Proposed sq.ft _____

Accessory Structure, ex. Garages, Pools, Sheds, Decks.

Lot Division, Lot Line Change, Lot Reduction

Give a brief description of proposed application:

Applicable to Old Saybrook Only: Is the property in the Wastewater Management District: YES NO

Print: _____ Sign: _____
(Owner or authorized agent)

