

B100a / Change in Use Application INSTRUCTIONS

This form is used to conform to the State of Connecticut Public Health Code, Section 19-13-B100a, which governs building conversions and/or changes in use to existing structures, building additions, garages/accessory structures, swimming pools and sewage disposal area preservation.

You are filling out this form to provide the local health department with important information to assure that you:

- Do not build any structures on top of an existing septic system
- Conform to the required separating distances and maintain your property according to the Connecticut Public Health Code

In addition to filling out this form, you will also have to submit the following with your application:

- ☐ If your home was built prior to 1985, please have your **deed or the previous owners name** available. This information can be obtained from your Town Clerk.
- ☐ A **plot plan** drawn to scale (Example: 1 inch = 20 feet) which shows the location of the house, well, sewer line, and closest property lines. Be sure to indicate distances between each item.
- ☐ A **written description** of the proposed addition, accessory structure or pool.
- ☐ If proposing an addition to an existing structure, please provide a **sketch** of the **existing** floor plan **and** a **sketch** of the **proposed floor plan** change.

Exemptions

You **are not** required to file a B100a Application for the following:

- Accessory buildings or sheds **less than 200 square feet** which will sit directly on pressure treated plywood or concrete blocks and do not require the pouring of a concrete slab, frost protected footings, sonar tubes or any other foundation that would disturb the soil.
- Anchoring kits that prevent uplift due to winds which are used for temporary structures like removable carports. Anchors should not penetrate the septic system. (Please note, anchoring kits that require the pouring of a concrete slab or permanent footings **do** require a B100a application.)

In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

In order to avoid unnecessary delays, please be sure to complete the form in its entirety and submit all required information and fees. Do not fax, return by mail.

For additional assistance, please contact us:

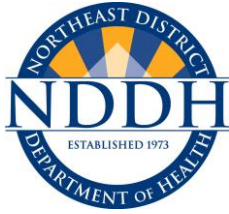


Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone: 860-774-7350 / Fax: 860-774-1308 / www.nddh.org



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Office Hours: Monday - Friday 7:00 am – 4:00 pm

B100a /Change in Use Application

To conform to PHC 19-13-B100a – Building Conversions/Changes in Use, Building Additions,
Garages/Accessory Structures, Swimming Pools, Sewage Disposal Area Preservation
(See Reverse Side for Instructions.)

Street #: _____ Street: _____ Town: _____

Assessor's Map: _____ Block: _____ Lot: _____ Dev. Lot : _____ Lot Size: _____

Legal Owner: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Year Built: _____ No. of Bedrooms: _____

Description of proposed change/addition: _____

Agent for Owner: _____

Agent's Mailing Address: _____

Town: _____ State: _____ Zip: _____

Agent's Phone Number: _____ Email: _____

Signature of Legal Property Owner:

(If working on behalf of owner, please attach signed Letter of Consent)

Date:

PROPERTY OWNER: By signing above, you certify that the information provided is a true and accurate description of the addition, accessory structure, or pool.

No services will be rendered until payment is received. Do not fax, return by mail. In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

NDDH Use Only
File #: _____ B100a/Change in Use Fee: _____

Receipt # _____ Check # _____ Credit Card: _____ Date: _____