Northeast District Department of Health
69 South Main Street, Unit 4
Brooklyn, CT 06234
Phone: 860-774-7350 / Fax: 860-774-1308 / web: www.nddh.org
OFFICE HOURS: Monday - Friday, 7:00 a.m. - 4:00 p.m.

FILE APPLICATION "B"
(Site Investigation, Septic Plan Review & Permit Application)

PROPERTY LOCATION

TOWN: _____ STREET #: _____ STREET: _____

ASSESSOR'S MAP# _____ BLOCK# _____ LOT# _____ DEV.LOT# _____ UTILITY POLE# _____

PURPOSE OF APPLICATION: (Check all that apply)

SITE INVESTIGATION: _____ PLAN REVIEW: _____ PERMIT: _____

NO. OF LOTS: _____ SIZE OF LOT(s): _____ NO. OF BEDROOMS: _____ WATER SUPPLY: Well or City

RESIDENTIAL _____ or COMMERCIAL: _____ SUBDIVISION: Yes No If yes, is it: NEW or EXISTING

NEW CONST: _____ or REPAIR: _____ SUBDIVISION NAME: _____

LOT SPLIT: Yes No Are there any easements? _____

YEAR BUILT: _____

OWNER INFORMATION

LEGAL OWNER: _____

MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____ EMAIL: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

APPOINTED AGENT FOR OWNER: _____

AGENT MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____ AGENTS PHONE: _____

SIGNATURE OF AGENT: _____ DATE: _____

SIGNATURE OF LEGAL PROPERTY OWNER: _____ DATE: _____

PERSON TO CONTACT TO SCHEDULE FIELD TESTING: _____ PHONE: _____

Any misrepresentation by the applicant on this form will cause this application to become void and render any fees paid non-refundable. In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee. No services will be rendered until payment is received. Do not fax, return by mail.

Approval to Construct Permits are issued to a specific homeowner and installer, if either were to change, the permit will be voided and re-issued with the new licensed installer or home owner. Applicable permit fee will be assessed for re-issuance of the permit.

NDDH USE ONLY – FILE# _____

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Site Investigation Fee: _____	Receipt# _____	Check# _____	Date: _____
Add'l Testing Fee: _____	Receipt# _____	Check# _____	Date: _____
Add'l Testing Fee: _____	Receipt# _____	Check# _____	Date: _____
Plan Rev. Fee: _____	Receipt# _____	Check# _____	Date: _____
1st Revision Fee: _____	Receipt# _____	Check# _____	Date: _____
2nd Revision Fee: _____	Receipt# _____	Check# _____	Date: _____
Septic Permit Fee: _____	Receipt# _____	Check# _____	Date: _____
Standpipe Monitoring: _____	Receipt# _____	Check# _____	Date: _____
Consultation Fee: _____	Receipt# _____	Check# _____	Date: _____
Other Fee: _____	Receipt# _____	Check# _____	Date: _____