



# CHESPROCOTT HEALTH DISTRICT

1247 HIGHLAND AVENUE • CHESHIRE, CONNECTICUT 06410

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Maura A. Esposito RS, 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 plant 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: \_\_\_\_\_