Wilton Health Department

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Application for New Construction/Bldg Additions /Accessory Structure Pools/Spas/Tennis Courts.

Fee: $150.00 **Year Built:** _____
Shed: $50
Property Owner: _____Phone # :_____
Address: _____E-mail:_____
Contractor/Applicant_____Phone #:_____
Address: _____E-mail: _____

TYPE OF PROPOSAL **(check where appropriate)**

___ ***New Construction-Vacant Lot*** ____ **Bedrooms** ***New Well*****_____** ***Public Water*****_____**
__ ***Building Conversion, Change in Use:*** (describe) _____
__ ***Building Addition:*** (describe) _____
_____

a.) Will the proposal change the building "footprint"? __ yes __ no.
b.) Number of bedrooms in existing structure_____ Number of bedrooms after addition_____

___ ***Detached Structure*****:** __ Barn; __Garage; __Gazebo; __Pool House; __Other (describe)_____
Plumbing __ YES __ NO Heating __ YES __ NO
__ ***Swimming pool:*** __In-ground __ Above ground Deck provided __Yes __No
Type of filter system: _____Filter backwash & pool water discharge to:_____
___***Building Teardown, Replacement*** using existing foundation _____ new foundation_____
a.) Number of bedrooms in existing house____ Number of bedrooms in proposed house_____
b.) New Well_____ Existing well_____ Well to be abandoned_____ Public Water Supply_____

___ ***Interior Renovations*** (describe):_____

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Please check: __Full Foundation __ Frost Wall __ Slab __ Piers __ Other Footing Drains: Yes / No

Distance of proposed from **septic tank** _____ ft.; **Leaching system** _____ ft.; **Well** _____ft.
Size of septic tank: _____ gallons Size of leaching system _____sq. ft.
Year septic system was installed_____
Septic plan prepared by:_____ Approved on:_____

Any sewage backups or other problems noted with the existing septic system? __Yes __ No
If yes, please describe _____

Soil testing on file?_____ b100a on file?_____

Provide a plan showing the location of the proposal relative to the septic system and well.

Applicant signature: _____ **Date**: _____
I certify that I am the owner or the owner's contractual representative and that the information above is accurate to the best of my knowledge.
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(FOR OFFICE USE ONLY)
Soil Testing Required: YES/ NO B100 (a) review needed: YES/NO Engineers Plan Required YES/NO

APPROVED_____**DENIED**_____**Date:**_____
COMMENTS: _____