



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#

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: