



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 ADDRESS
TOWN: STATE: ZIP: AGENTS PHONE:
SIGNATURE OF AGENT: DATE:
INSTALLER: INSTALLER ADDRESS:
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:



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

LETTER OF CONSENT

_____ (DATE)

To Whom It May Concern:

I, _____, legal property owner of:

Street: _____, Town: _____

Map #: _____, Block #: _____, Lot #: _____, Dev Lot N#: _____,

As recorded in the Town Assessor's Office, do hereby authorize :

to act as my agent and grant permission to apply for:

1. _____ Soil Testing
2. _____ Permit to Construct or Repair a Septic System
3. _____ Other: _____

In evaluating this application, I realize that the Northeast District Department of Health has relied on information provided by the applicant or agent. If such information subsequently proves to be false, deceptive, incomplete and/or inaccurate, service will be suspended and any permits issued will be revoked. I understand that a permit to construct is issued to a specific CT Licensed Installer, is the property of the installer, and is not transferable.

The undersigned swears that the information supplied in the completed application is accurate to the best of his/her knowledge and belief.

Signature of Legal Property Owner

Date

Telephone #

Signature of Appointed Agent

Date

Telephone #