B100a / Change in Use Application

INSTRUCTIONS

This form is used to conform to the State of Connecticut Public Health Code, Section 19-13-B100a, which governs building conversions and/or changes in use to existing structures, building additions, garages/accessory structures, swimming pools and sewage disposal area preservation.

You are filling out this form to provide the local health department with important information to assure that you:

- Do not build any structures on top of an existing septic system
- Conform to the required separating distances and maintain your property according to the Connecticut Public Health Code

In addition to filling out this form, you will also have to submit the following with your application:

- If your home was built prior to 1985, please have your **deed or the previous owners name** available. This information can be obtained from your Town Clerk.
- A **plot plan** drawn to scale (Example: 1 inch = 20 feet) which shows the location of the house, well, sewer line, and closest property lines. Be sure to indicate distances between each item.
- A **written description** of the proposed addition, accessory structure or pool.
- If proposing an addition to an existing structure, please provide a **sketch** of the **existing floor plan** and a **sketch** of the **proposed floor plan change**.

Exemptions

You **are not** required to file a B100a Application for the following:

- Accessory buildings or sheds **less than 200 square feet** which will sit directly on pressure treated plywood or concrete blocks and do not require the pouring of a concrete slab, frost protected footings, sonar tubes or any other foundation that would disturb the soil.
- Anchoring kits that prevent uplift due to winds which are used for temporary structures like removable carports. Anchors should not penetrate the septic system. (Please note, anchoring kits that require the pouring of a concrete slab or permanent footings **do** require a B100a application.)

In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

In order to avoid unnecessary delays, please be sure to complete the form in its entirety and submit all required information and fees. Do not fax, return by mail.

For additional assistance, please contact us:

**Northeast District Department of Health**

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone: 860-774-7350 / Fax: 860-774-1308 / [www.nndh.org](http://www.nndh.org)
B100a /Change in Use Application

To conform to PHC 19-13-B100a – Building Conversions/Changes in Use, Building Additions, Garages/Accessory Structures, Swimming Pools, Sewage Disposal Area Preservation
(See Reverse Side for Instructions.)

Street #: _________ Street: _______________ Town: _______________

Assessor’s Map: _________ Block: _____ Lot: _______ Dev. Lot : _______ Lot Size: ___

Legal Owner: _____________________________________________

Mailing Address: _____________________________________________

Town: _____________________________ State: ___________ Zip: ___________

Work Phone: ___________ Home Phone: ___________ Cell Phone: ___________

Email Address: _____________________________________________

Year Built: ___________ No. of Bedrooms: ___________

Description of proposed change/addition:

_________________________________________________________

_________________________________________________________

Agent for Owner: _____________________________________________

Agent’s Mailing Address: _____________________________________________

Town: _____________________________ State: ___________ Zip: ___________

Agent’s Phone Number: ___________ Email: ___________

Signature of Legal Property Owner:
(If working on behalf of owner, please attach signed Letter of Consent) Date:

__________________________

PROPERTY OWNER: By signing above, you certify that the information provided is a true and accurate description of the addition, accessory structure, or pool.

No services will be rendered until payment is received. Do not fax, return by mail. In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

NDDH Use Only

File #: ____________________________ B100a/Change in Use Fee: ____________________________

Receipt # __________ Check # __________ Credit Card: _________ Date: ______________________