



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

email@nddh.org

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 EMAIL _____ AGENT PHONE _____

SIGNATURE OF AGENT: _____ DATE: _____

INSTALLER: _____ INSTALLER ADDRESS: _____

INSTALLER EMAIL: _____ INSTALLER PHONE: _____

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. Return by email, fax, or 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 homeowner. 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: _____
1 st Revision Fee: _____	Receipt# _____	Check# _____	Date: _____
2 nd 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: _____



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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 #