



# 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](http://www.nddh.org)

[email@nddh.org](mailto: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 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<sup>st</sup> Revision Fee: \_\_\_\_\_ Receipt# \_\_\_\_\_ Check# \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> 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 #