

Northeast District Department of Health

Fee: \$50.00

69 South Main Street, Unit 4, Brooklyn, CT 06234 Phone: (860) 774-7350 / Fax (860) 774-1308 / www.nddh.org

An Important Notice Regarding Your Bed and Breakfast Registration

To: Bed and Breakfast Owners

From: The Northeast District Department of Health

Date: November 1, 2023

Subject: 2024 Bed and Breakfast Registration

The registration issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31st and must be updated on a yearly basis. We are eager to assist you in complying with the State of Connecticut public health regulations.

Please return the following to this office by close of business Friday, December 15, 2023:

- A completed **Bed and Breakfast Application**. You may access the application forms and can make payment online at https://www.nddh.org/formspermits/. If you do not have computer access, you may pick up the forms and pay the application fee at our office at 69 South Main Street, Brooklyn, during regular business hours (Monday-Thursday, 8am 4pm, Fridays, 8am noon).
- The appropriate fee paid online at https://www.nddh.org/formspermits/pay-online/, brought to our office, or mailed with your application to 69 South Main Street, Unit 4, Brooklyn, CT 06234. The fee schedule, effective 7/1/23, can be found online at: https://www.nddh.org/wpcontent/uploads/2023/06/NDDH_Service_Fees_effective_070123.pdf
- Establishments with public water must provide a copy of the most recent water bill.
- Establishments with a private well must provide a copy of the current water analysis report. Note that the water sample must have been retrieved by a CT Certified laboratory.
- Establishments with an on-site septic system must provide a copy (receipt) of the most recent waste removal. Note that the waste removal must be within the past 3 years.

Upon receipt of all necessary documentation, a permit will be issued for your establishment which will be valid from January 1st through December 31, 2024. **Please be sure to provide us with a valid e-mail address, as we will be sending permits electronically. Also be sure to complete and return the Emergency Contact Information Form.**

All necessary documentation and permit fees must be received by close of business on Friday, December 15, 2023, or the establishment will be charged a late fee of \$90. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$120 shall be assessed for each business day late from January 1 through January 13, 2024, inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of \$120 will be charged for a failed inspection.

If you have any questions, please feel free to contact us.

As always, we look forward to working with you.

Sincerely,

The Northeast District Department of Health

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www.nddh.org

email@nddh.org

Sanitarian Approved Initial:	
Date:	
Emailed:	

BED & BREAKFAST APPLICATION

Establishment Information				
Name of Establishment:				
Location:	-			
Mailing Address:				
City:	State: Zip:			
Phone:	Fax:			
Manager:				
Owner of Establishment:				
Mailing Address:				
City:	State: Zip:			
Home Phone:	Billing Email:			
Age of House:	# Of Sleeping Rooms Available to Public:			
# Of Beds in Each Room:	# Of Bathroom Facilities:			
Any long-term rental units?	No ☐ Yes ☐ How many?			
Meals Offered (Check All That Apply)				
Continental Breakfast	Full Breakfast ☐ None ☐			
Brunch	Lunch			
Dinner	Other			
Type of Water Supply				
Public Water	Private Well			
If a private well, select one: Dug □ Drilled	1 □ Artesian □ Other:			
Any filtering system? No ☐ Yes ☐ If	f so, what type?			
Date last tested:	(Enclose copy of test report)			
	_ (====================================			
Type of Sewage Disposal				
Public Sewer	Private Septic System			
Size of Tank: Square Footage of Leach Area:				
Date Last Pumped: Frequency of Pumping:				
Has the septic system ever been repaired?	No 🗆 Yes 🗆 Date:			
Who was the property owner when the syste				
	-			
27 47 41 4				
Name of Individual	_			
Applying for Permit:	Date:			
NDDH Use Only				
Date: Fee: Check #	•			
Date: Fee: Check #				



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EMERGENCY CONTACT INFORMATION

Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at https://www.nddh.org.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately:

Today's Date:					
Business/Org Name:					
Business Address:					
			Zip:		
Emergency Contact Nan	ne and Title:				
Cell Phone:		Fax Number:			
Work Phone:		Home Phone:			
Email Address:					
			er:		
Work Phone:		Home Phone:			
Email Address:					
Is water for your busine	ess establishment/	organization su	ipplied by:		
Well	C	ommunity Wat	er System		
Businesses with	multiple locations: Pla	ease complete a se	parate form for each location.		
NDDH USE ONLY:					
Undated - EHS Database:	Excel Data Sheet:	Initial	s: REVISEI		