TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
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"Promoting Health & Preventing Disease Since 1967"

Addition / Accessory Structure Application

This is not a building permit.
You must obtain a permit from the Building Inspector prior to any construction.

Owner _____ Street # _____ Street Name _____ Town _____

Mailing Address _____ Town _____ ST _____ Zip _____ Owner Telephone _____

Dimensions of Addition _____ Information Supplied By _____ Septic System Designed By _____

Description of Addition _____

The application **must** be accompanied by a **check** made payable to **TAHD** in the amount of:

ACCESSORY STRUCTURE : $35.00
HABITABLE STRUCTURE: $55.00
WELL AND SANITARY SEWER: $35.00
CODE COMPLIANCE STUDY (B100a): $150.00

(Returned Check Fee on any item: $35.00)

Application must be accompanied by a SKETCH (on back) showing the relative distances from the proposed addition/structure to the well and septic system. Sketch must be signed by applicant.

Signature of Applicant: _____ Application Date: _____

TAHD USE ONLY BELOW LINE

☐ **APPROVED** ☐ **DENIED**

Existing Records? _____ Septic Permit Number: _____

☐ B100a study required ☐ field investigation

Sanitarian: _____ Decision Date: _____

TAHD is an equal opportunity provider and Employer