TORRINGTON AREA HEALTH DISTRICT

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

CHANGE OF USE APPLICATION

Owner	Owner Address	Town	ST	Zip

Street #	Street Name	Town	EMail

Existing Records? ☐ Septic Permit Number: ☐

Lot Size: ☐ Change Application Date: ☐

The Application must be accompanied by a check made payable to **T.A.H.D.** in the amount of: $55.00

Application shall be accompanied by:

IF RESIDENTAL

CURRENT USE: ☐ PROPOSED USE: ☐

Number of Bedrooms: ☐ Insulation? ☐ Central Heat? ☐

IF COMMERCIAL

CURRENT USE: ☐ PROPOSED USE: ☐

Toilet Facilities ☐ Well? ☐ Structure Size: ☐ Number of Employees: ☐

DESCRIBE SPECIFIC CHANGE OF USE ON REVERSE SIDE OF APPLICATION

Signature of Applicant: _____

TAHD USE ONLY BELOW LINE

☐ **APPROVED** ☐ **DENIED**

☐

Sanitarian: ☐ Decision Date: ☐

TAHD is an equal opportunity provider and Employer