

AVON
BARKHAMSTED
CANTON
COLEBROOK
EAST GRANBY
FARMINGTON
GRANBY
HARTLAND
NEW HARTFORD
SIMSBURY



FARMINGTON VALLEY HEALTH DISTRICT

50 AVON MEADOW LANE PO BOX 529 AVON, CONNECTICUT 06001 TELEPHONE (860) 676-1953 FAX (860) 676-2131

FEE: \$250.00

APPLICATION FOR APPROVAL OF PLANS

Please provide 2 copies of septic plan & 1 copy of house plans.

Property Address _____

Owner of Property _____

Mailing Address _____

Phone Numbers (work & cell) _____ Fax Number _____

Builder's Name _____

Mailing Address _____

Phone Numbers (work & cell) _____ Fax Number _____

Septic System Installer's Name _____

Number of Bedrooms _____

Drinking Water Supply Public _____ Private Well _____

Will house be equipped with a whirlpool tub? Yes _____ No _____ Gallonage _____

Garbage Disposal? Yes _____ No _____ Footing Drains? Yes _____ No _____

Fuel Tank? No _____ Yes _____ if yes, Interior _____ Exterior _____ Type of Fuel _____

I certify that I am the owner of this property or the contractual representative of the owner. I understand that in addition to this a completed application & a plot plan is required with at least the following on it: dimensions of lot and house, locations of house, well, sewage system, soil tests, all drains, watercourses, driveway and other information as required.

APPLICANT SIGNATURE _____

Office use only: house plans received? Yes _____ No _____