

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

FVHD FARMINGTON VALLEY HEALTH DISTRICT

95 RIVER ROAD SUITE C CANTON, CONNECTICUT 06019 TELEPHONE (860) 352-2333 FAX (860) 352-2542

APPLICATION FOR APPROVAL OF PLANS

FEE \$250.00 (Nonr efundable and nontr ansferable)

DATE _____

LOCATION OF PROPERTY: TOWN _____

LOT#, STREET ADDRESS _____

OWNER OF PROPERTY _____

MAILING ADDRESS _____

TOWN _____ PHONE _____ FAX _____

BUILDER'S NAME _____

MAILING ADDRESS _____

TOWN _____ PHONE _____

SEPTIC SYSTEM INSTALLER'S NAME _____

TYPE OF BUILDING _____ #BEDROOMS _____

(single family residential, commercial, etc.) # EMPLOYEES _____

DESIGN FLOW _____

WATER SUPPLY PUBLIC _____ PRIVATE WELL _____

WILL HOUSE SEWER BE BELOW BASEMENT FLOOR? _____

WILL HOUSE BE EQUIPPED WITH WHIRLPOOL OR SPA? YES NO GALLONAGE _____

DISCHARGE POINT _____

GARBAGE DISPOSAL _____

FOOTING DRAINS _____

I certify that I am the owner of this property or the contractual representative of the owner. I understand that in addition to this 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.

NAME _____ PHONE _____ FAX _____

ADDRESS _____

SIGNATURE _____