

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



FARMINGTON VALLEY HEALTH DISTRICT

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

**APPLICATION FOR APPROVAL OF PLANS**

**FEE \$250.00** (Non-refundable and non-transferable)

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