



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web www.tahd.org

"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
Email Address	Cell Phone	Lot Size	
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: \$25.00)

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: