

Wilton Health Department

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**Town Hall Annex**

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Application for New Construction/Bldg. Additions/Accessory Structure

Fee: \$150 Shed: \$50

Property Owner: _____ Phone: _____

Address: _____ Email: _____

Contractor/Applicant: _____ Phone: _____

Address: _____ Email: _____

Type of Proposal (check all where appropriate)

_____ New Construction-Vacant Lot _____ Bedrooms Well _____ Public Water _____

_____ Building Conversion, Change in use (describe): _____

_____ Building Addition (describe): _____

Will the proposal change the building "footprint"? _____ Yes _____ No

Number of bedrooms in existing structure _____ No. bedrooms after addition _____

_____ Detached Structure: _____ Barn; _____ Garage; _____ Gazebo; _____ Pool House; _____ Other (describe) _____

Plumbing _____ Yes _____ No Heating _____ Yes _____ No

_____ Swimming Pool: _____ In Ground _____ Above Ground Deck Provided: _____ Yes _____ No

Type of filter system: _____ Filter backwash & Pool water discharge to: _____

_____ Building Teardown, Replacement using existing foundation _____ New foundation _____

a. Number of bedrooms in existing house _____ No. of bedrooms in proposed house _____

b. New Well _____ Existing Well _____ Well to be abandoned _____ Public Water Supply _____

_____ Interior Renovations (describe): _____

Required Information

Plot Plan: Applicant must attach a detailed drawing showing property lines and dimensions, exact location and size of existing and proposed structures, including accessory structures, all site features. Features such as driveways, well and septic system(s), drains and watercourses along with soil and percolation data and Code Complying Area must be included.

Building Plan: Attach a sketch/floor plan of the existing and proposed structure(s), addition(s) and/or renovation(s) with all rooms labeled according to their existing and proposed designated use.

Note: Soil test data [test pit(s) and/or percolation test(s)] is required for the review of this application. IF SOIL DATA IS NOT AVAILABLE ON FILE FOR THIS APPLICATION, YOU WILL NEED TO SCHEDULE AN APPOINTMENT WITH THE HEALTH DEPARTMENT FOR SOIL TEST DATA COLLECTION. An additional fee is required for this testing.

Please schedule soil test data collection as soon as possible to avoid delays in processing your application.

Applicant Signature: _____ Date: _____

I certify that I am the owner or the owner's contractual representative and that the information above is accurate to the best of my knowledge.

FOR OFFICE USE ONLY:

Does a code complying area exist? _____ Distance of proposed from septic tank _____ ft.

Leaching system: _____ ft. Well _____ ft. Size of septic tank _____ gallons

Soil testing on file? _____ Needed? _____

B100a on file? _____ Needed? _____

Provided a plan showing the location of the proposal relative to the septic system and well _____

Approved: _____ Denied _____

Comments: _____