MILFORD HEALTH DEPT
82 NEW HAVEN AVE.
MILFORD, CT 06460
(203) 783-3287

APP. NO. ____________________
DATE: ____________________

## APPLICATION FOR APPROVAL FOR ADDITIONAL STRUCTURES ON RESIDENTIAL LOTS

The following information is required to determine whether the proposed construction activity will comply with Section 19-13-B100, 19-13-B103, 19-13-B104 of the CT Public Health Code and Section 11 of the City of Milford Housing Ordinance.

On the attached sketch form the applicant is required to submit a plot plan of the **SUBJECT PROPERTY,** and show the **EXISTING STRUCTURE, PROPOSED CONSTRUCTION,** the **WELL,** the **EXISTING SEPTIC SYSTEM AREA,** and the area that can be used on the property for a **FUTURE** septic replacement. The **SKETCH** must **SHOW** the **DIMENSIONS** and **DISTANCES** from all structures and facilities indicated.

### GENERAL INFORMATION ABOUT PROPERTY:

Address: ____________________________________________

Owner: ____________________________________________

Contractor: ____________________________________________

Phone – Business: ____________________ Home: ________________ Cell: ____________________

### TYPE OF ADDITION: ____________________________________________

Description: ____________________________________________

☐ Full Foundation ☐ Frost Wall ☐ Slab ☐ Piers ☐ Other **Footing Drains:** ☐ Yes ☐ No

### GENERAL INFORMATION ABOUT EXISTING STRUCTURE:

Existing structure served by: ☐ Well ☐ Community Well ☐ Public Water ☐ Septic System ☐ Sewer
Total number of existing bedrooms: ____________ Total number bedrooms after construction: ____________
**Provide House Plans If Applicable**
If the property is served by a septic system and/or private well please complete the following:
Public water available: ☐ Yes ☐ No
Public sewer available: ☐ Yes ☐ No **If yes, provide a letter from the Sewer Commission**

### SWIMMING POOL

Swimming Pool/Hot Tub /Whirlpool Installation: ☐ Above-Ground ☐ In-Ground ☐ Other

Type of filter: ____________________________________________

Backwash disposal: ________________________________________(Show on Plan)

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 and I have received the attached information sheet.

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Milford Health Department assumes no responsibility for the present or future operation of the septic system or for any damage to the septic system caused by the new construction or any necessary testing.

APPROVED BY: ________________________________ DATE: ______________