



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 Address www.tahd.org

Addition Application

This is not a building permit.

You must obtain a permit from the Building Inspector prior to any construction.

Owner	Address of Proposed Addition			Town
Owner Address	Town	CT ST	Zip	Owner Telephone

Existing Records? Septic Permit Number: Lot Size:

Information Supplied By: Septic Sytem Designed By:

The application **must** be accompanied by a **check** made payable to **TAHD** in the amount of:
ACCESSORY STRUCTURE : \$35.00 HABITABLE STRUCTURE: \$55.00 (Returned Check Fee \$25.00)

Application shall be accompanied by a SKETCH (on back) showing the relative distances from the proposed addition to the well and septic system.

Size of Addition

Description of Addition

Signature of Applicant: _____ Date _____

TAHD USE ONLY BELOW LINE

APPROVED **DENIED**

Sanitarian: Decision Date: