



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

Swimming Pool And Spa 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 _____ Owner Telephone _____

Information Supplied By: Designed by:

Pool Installer: Type Of Pool:

Size Of Pool: Above or Below Ground

Distance To Well: Lot Size:

Distance To Septic System:

The application **must** be accompanied by a **check** made payable to **TAHD** in the amount of:

POOL APPLICATION, NO ADDITIONAL STUDY NEEDED: \$55.00

POOL APPLICATION, ADDITIONAL STUDY NEEDED (B100a): \$150.00

(Returned Check Fee: \$25.00)

Application must be accompanied by a SKETCH (on back) or plot plan showing the relative distances from the proposed pool to the house, 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:

Waiver

B100a study required

field investigation

Sanitarian

Decision Date