

Torrington Area Health District
350 Main St. - Suite A
Torrington, CT 06790

CHANGE OF USE APPLICATION

Owner _____ Owner Address _____ Town _____ CT
ST Zip _____

Street # _____ Street Name _____ Town _____
Existing Records? septic permit number
Lot Size change application date field investigation required
Information Supplied By: Designed by

The Application must be accompanied by a check made payable to T.A.H.D. in the amount of: \$ 55.00

Application shall be accompanied by :

IF RESIDENTIAL

CURRENT USE PROPOSED USE
NUMBER OF BEDROOMS INSULATION? CENTRAL HEAT?

IF COMMERCIAL

CURRENT USE PROPOSED USE
TOILET FACILITIES WELL? STRUCTURE SIZE NUMBER OF EMPLOYEES

DESCRIBE SPECIFIC CHANGE OF USE ON REVERSE SIDE OF APPLICATION

Signature of Applicant: _____

T.A.H.D. USE ONLY BELOW LINE

APPROVED

DENIED

Sanitarian

DECISION DATE

TAHD IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER