



# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790  
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*"Promoting Health & Preventing Disease Since 1967"*

## 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
Email Address	Owner Telephone		Cell Phone
Information Supplied By:	Septic System 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

<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>
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Existing Records? <input type="checkbox"/>	Septic Permit Number: <input type="checkbox"/>	Waiver <input type="checkbox"/>
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B100a study required  field investigation

<input type="checkbox"/>	<input type="checkbox"/>
Sanitarian	Decision Date