

EASTERN HIGHLANDS HEALTH DISTRICT B100A APPLICATION

(for building conversion, change of use, building addition, accessory structure and lot line change)

The initial review time is 5 – 10 working days. Applications requiring soil testing will require additional time to complete the review process.

APPLICANT / OWNER SECTION	<p>Address of proposed activity Street Number _____ / _____ Town _____</p> <p>Owner Name _____ / _____ Mailing Address (street address,city,zip) _____ / _____ Telephone _____</p> <p>Applicant Name (if different than owner) _____ / _____ Mailing Address (street address,city,zip) _____ / _____ Telephone _____</p>
PROPOSED ACTIVITY	<p>Describe the proposed structure or activity with dimensions (e.g.= "addition with bedroom, bathroom and family room" or "in ground/above ground pool" or "deck" or "winterizing existing porch")</p> <p>_____</p> <p>_____</p> <p>_____</p>
EXISTING PROPERTY USE	<p>Residential _____ Number of existing bedrooms _____</p> <p>Non-residential _____ Please describe _____</p> <p>Property served by septic system? Y N Age of System _____</p> <p>Property served by on-site well? Y N Other _____</p>
PLAN NEEDS	<p>Plot plan – attach a scaled drawing showing property lines and dimensions, location and size of existing and proposed structures, and site features, such as driveways, wells and septic systems, drains and watercourses.</p> <p>Building plan – attach a sketch/floor plan of the proposed structure, addition or renovation showing existing and proposed rooms with door and window locations.</p>
SOIL DATA REQUIRED	<p>NOTE: Soil test data (deep test pits and percolation test) are required for the review of this application. If soil test data is NOT available in your property file, you will need to schedule an appointment with the health district sanitarian in your town for soil testing (additional application and fees are required). Please schedule soil testing as soon as reasonably possible to avoid delays in processing your application. If you have any questions regarding the soil testing, please contact the Eastern Highlands Health District sanitarian in your town.</p>
	<p>As property owner or duly authorized representative of the property owner of the above referenced property, I agree to permit EHHD staff to enter the above referenced property as part of this B100a application review process. I further agree that this authorization to enter the subject property may extend through a period of time ending with the final B100a application approval and affirm such with my signature below.</p>
	<p>Please read the requirements above before signing and submitting this application.</p> <p>Applicant Signature _____ Date _____</p>
OFFICE USE ONLY	<p>Application approved _____ Not approved _____ By _____ Date _____</p> <p>Comments/Conditions _____</p> <p>_____</p>

Please return this form, plans and an application review fee to the Eastern Highlands Health District office for your town.

Fees: Building Conversion or change of use - \$50.00
Living space increase – additions or expansions - \$50.00
Accessory structures (garages, pools, decks, gazebos, sheds) - \$40.00
Lot line changes - \$40.00

EHHD USE ONLY: DATE RECEIVED _____ CHECK NO/CASH _____ RECEIPT NO _____ FMP NO _____

