B100a / Change in Use Application

INSTRUCTIONS

This form is used to conform to the State of Connecticut Public Health Code, Section 19-13-B100a, which governs building conversions and/or changes in use to existing structures, building additions, garages/accessory structures, swimming pools and sewage disposal area preservation.

You are filling out this form to provide the local health department with important information to assure that you:

• Do not build any structures on top of an existing septic system
• Conform to the required separating distances and maintain your property according to the Connecticut Public Health Code

In addition to filling out this form, you will also have to submit the following with your application:

□ If your home was built prior to 1985, please have your deed or the previous owners name available. This information can be obtained from your Town Clerk.

□ A plot plan that shows the location of the house, well, sewer line, and closest property lines. Be sure to indicate distances between each item.

□ A written description of the proposed addition, accessory structure or pool.

□ If proposing an addition to an existing structure, please provide a sketch of the existing floor plan and a sketch of the proposed floor plan change.

Exemptions

You are not required to file a B100a Application for the following:

• Accessory buildings or small sheds that will sit directly on pressure treated plywood or concrete blocks and do not require the pouring of a concrete slab, frost protected footings, sonar tubes or any other foundation that would disturb the soil
• Anchoring kits that prevent uplift due to winds which are used for temporary structures like removable carports. Anchors should not penetrate the septic system. (Please note, anchoring kits that require the pouring of a concrete slab or permanent footings do require a B100a application.)

In order to avoid unnecessary delays, please be sure to complete the form in its entirety and submit all required information. For additional assistance, please contact us:

Northeast District Department of Health
69 South Main Street, Unit 4
Brooklyn, CT 06234
860-774-7350 / 860-774-1308 (fax) / www.nddh.org
B100a /Change in Use Application
To conform to 19-13-B100a – Building Conversions/Changes in Use, Building Additions, Garages/Accessory Structures, Swimming Pools, Sewage Disposal Area Preservation
(Please see reverse side for directions)

Northeast District Department of Health
69 South Main Street, Unit 4
Brooklyn, CT 06234
Phone - 860-774-7350 / Fax - 860-774-1308
www.nddh.org
Office Hours: Monday - Friday 7:00 am – 4:00 pm

Please provide the following information:

| Town: ___________ | Street # : _______ | Street: ____________________________ |
| Assessor’s Map: ______ | Block: _____ | Lot # _______ Dev. Lot # _____ | Lot Size: ____ |

Legal Owner: _______________________________________________________________

Mailing Address: ____________________________________________________________

Town: _______________ State: _______________ Zip Code: ______________________

Work Telephone: __________ Home Telephone: _______________ Cell: ________________

Best time to call between 7 am and 4 pm: _______________________________________

If you are interested in receiving notification or information by email please provide your email address: ______________________________________

Appointed Agent for Owner: ___________________________________________________

Mailing Address: ____________________________________________________________

Town: _______________ State: _______________ Zip: _______________________

Telephone Number: __________________________________________________________

Signature of Legal Property owner: Date: ________________________________________

PROPERTY OWNER: By signing above, you certify that the information provided is a true and accurate description of the addition, accessory structure, or pool.

| NDDH Use Only |
| File # ________________ | B100a/Change in Use Fee: ______________________ |
| Receipt # ______ | Check # ______ | Date: ______ |

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