



**Trumbull Health Department**  
**335 White Plains Road, Trumbull, CT 06611**  
**Phone (203) 452-1030 - Fax (203) 452-1050**

Permit # \_\_\_\_\_

## 19-13-B100a Application

### Activity

Fee: \$ \_\_\_\_\_

1. Building Conversion, Change in Use
2. Building Addition
3. Garages/Accessory Structures, Below or Above Ground Pools

Address of Property: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Name (if other than owner): \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Describe (in detail) Proposed Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Required Information

**Plot Plan:** Applicant must attach a detailed drawing showing property lines and dimensions, exact location and size of existing and proposed structures, including accessory structures, all site features. Features such as driveways, well and septic system(s), drains and watercourses along with soil and percolation data and Code Complying Area must be included.

**Building Plan:** Attach a sketch/floor plan of the existing and proposed structure(s), addition(s) and/or renovation(s) with all rooms labeled according to their existing and proposed designated use.

**Note:** Soil test data [test pit(s) and/or percolation test(s)] is **required** for the review of this application. ***IF SOIL DATA IS NOT AVAILABLE ON FILE FOR THIS APPLICATION, YOU WILL NEED TO SCHEDULE AN APPOINTMENT WITH THE HEALTH DEPARTMENT FOR SOIL TEST DATA COLLECTION.*** Please provide the proper equipment to conduct the soil test data collection (i.e. machine to excavate test pit(s) and water to conduct percolation test(s)). An additional fee is required for this testing. Please schedule soil test data collection as soon as possible to avoid delays in processing your application.

Owner or Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use ONLY: Answer all pertinent questions and complete Calculation Summary section.**

**1. Building Conversion, Change in Use:**

- a. Does a Code-Complying Area exist? Yes No
- b. Is there MORE than a 50% increase in the design flow? Yes No

**2. Building Addition:**

- a. Does a Code-Complying Area exist? Yes No
- b. Does the size of the replacement system shown on the design plan or sketch provide a minimum of 50% of the required effective leaching area per the Technical Standards? Yes No
- c. Does the size of the replacement system shown on the design plan or sketch provide a minimum of 50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards? Yes No
- d. Does the proposed design require an exception to Section 19-14B103d (a) (3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells? Yes No
- e. Does the addition reduce the potential repair area? Yes No
- f. Does the addition increase the design flow of the building? Yes No
- g. Is there more than a 50% decrease in the design flow? Yes No
- h. Does the separation distance with Table 1 in Section II of the Technical Standards? Yes No

**3. Garages / Accessory Structures, Below or Above Ground Pools**

- a. Does a Code-Complying Area exist? Yes No
- b. Does the structure reduce the potential repair area? Yes No
- c. Does the separation distance comply with Table 1 in the Technical Standards? Yes No

**Calculation Summary**

Effective Leaching Area calculations attached/done: Yes No

Effective Leaching Area calculations: \_\_\_\_\_  
 \_\_\_\_\_

MLSS calculations attached/done: Yes No

MLSS calculations: HF: \_\_\_\_\_ FF: \_\_\_\_\_ PF: \_\_\_\_\_ MLSS: \_\_\_\_\_

Code Complying Area/PRA design plans or sketch attached or on file: Yes No

Confirmatory soil testing required: Yes No

Soil testing attached or on file: Yes No

Approved: Yes No

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
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