



City of Meriden, Connecticut

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Application for building Conversion, Building addition or accessory structure

Note: A scaled diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on attached detailed plot plan. Proposed building plans must also be submitted with this application.

Date: ___/___/___ Owner's name _____

Property address: _____ Telephone number: (____) _____ - _____

Type of application

_____ Building conversion, change and use (winterization)

_____ Building addition.

_____ Accessory structure attached or detached garage, below or above ground pool.

_____ Lot division, lot line Change, Lot reduction.

Give a brief description of proposed application: (performing winterization; type and number of rooms being added; square footage of house addition; and, type of structures to be added, etc.)

Existing Structure.

Residential _____ Non-residential _____ If non-residential. Describe _____

Number of existing rooms number of existing bedrooms _____ Number of bathrooms _____

Number of oversize tubs(>99 gallon.) _____ Gallons _____

Approximate existing floor area (in sq. Ft.) _____ Approximate proposed floor area _____

Footing or foundation drains present? _Y or N

Water supply: Private Well _____ or, public Water _____

Existing Septic System.

Your system was installed? _____ New or repair? _____

Size of Septic Tank: _____ gals. Size of the type of bleaching system: _____

curtain drain? _____ (Y or N) Has any soil testing been performed on the property? _____ (Y or N)

If yes, when and by whom? _____

Signed _____ Application fee paid _____
(Owner or Duly Authorized Representative)

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Application complete? _____ (Y or N) Date completed? _____

Is soil testing information available for this property? _____ (Y or N) if no, will soil testing be required? _____ (Y or N)

Building Conversion, Change in Use: Applicable _____ Not Applicable _____

Has a code complying area been determined for this property? _____ (Y OR N)

Will the proposed change result in greater than 50% increase in design flow? _____ (Y or N) if yes will the property owner be required to expand the existing septic system? _____ (Y or N)

Building Addition: Applicable _____ Not Applicable _____

Has a code complying area been determined for this property? _____ (Y or N)

If a code complying area is not found, does the application meet the following conditions?

1. Replacement area provides 50% of affective leaching area.
2. Replacement area provides 50% of MLSS requirement.
3. No exceptions to wild separation distance is required.
4. The addition does not reduce the potential repair area.
5. The addition does not increase the design flow of building.

Will proposed addition result in greater than 50% increase in design flow? _____ (Y or N) If yes, will the property owner be required to expand his existing septic system? _____ (Y or N)

Accessory structure, attached or detached garage is, below or above ground pool:

Applicable _____ Not Applicable _____

Has a code compliant area I've been determined for this property? _____ (Y or N)

If a code compliant area is not found, does the application meet the following conditions? _____ (Y or N)

1. Accessory structure, etc. does not reduce the potential repair area.
2. The separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements.

Lot division, light line, light reduction: Applicable _____ Not Applicable _____

Has a code compliant area been determined on the lot containing the existing building? _____ (Y or N)

Has a code compliant primary and reserve area been determined for the newly created lot? _____ (Y or N)

Decision:

Approved/not approved _____ By: _____ Date: _____/_____/_____

Note: Diagram of proposal (plot plan shall be attached).