

TOWN OF WASHINGTON

BRYAN MEMORIAL TOWN HALL
POST OFFICE BOX 383
WASHINGTON DEPOT, CONNECTICUT 06794

Application for Approval for Building Addition / Conversion

NAME OF OWNER _____ PHONE NO. _____

LOCATION OF PROPERTY _____
Street No. _____ Name _____
Subdivision Name _____ Lot No. _____

NAME AND ADDRESS OF APPLICANT _____
(If different from owner)

PROPERTY IS: RESIDENTIAL NUMBER OF BEDROOMS _____
COMMERCIAL SQUARE FEET _____

Describe type and size of addition / conversion proposed (please be specific)

IF RESIDENTIAL:

- ADDITION / CONVERSION WILL CHANGE BUILDING FROM SEASONAL TO FULL TIME USE
- A NEW FOUNDATION WILL BE CONSTRUCTED FOR THE ADDITION
- IF TOOL OR GARDEN SHED, IT WILL HAVE A PERMANENT FOUNDATION
- ADDITION WILL BE DETACHED FROM THE OTHER BUILDING (S)
- ADDITION HAS ALREADY BEEN CONSTRUCTED

APPLICANT SIGNATURE _____ DATE ____ / ____ / ____

FOR HEALTH DEPARTMENT USE

Health Department Record on file YES NO On site inspection and/or soil tests required YES NO
Addition reduces lot area available for septic system construction YES NO

FINDINGS / RECOMMENDATIONS: _____

INSPECTION ____ / ____ / 01 APPROVED ____ / ____ / 01 INSPECTOR _____ FEE PAID