

Town of Washington

Housatonic Valley Health District

Bryan Memorial Town Hall – P.O. Box 383
Washington Depot, CT 06794
Telephone: (860)-868-0423 Fax: (860)- 868-2819

Application for Approval for Building Addition/Conversion

Name of Owner: John Harris-Marbledale apt. LLC Phone: 203-526-3933

Location of Property: 254 New Milford Turnpike Applicant Phone: email-whitehorse@aol.com

Assessor Map: 07 Block 02 Lot 50

Name of Applicant: Dean Pushlar Landscape Architect Email: dpushlar@charter.net
(If different from owner)

Property is: Residential: _____ business Commercial: X Commercial Use: _____

Type of Proposal (check all that apply)

Please Refer to the Fee Schedule to Determine the Appropriate Fee

The Fee Schedule is Posted on washingtonct.org Under the Health Department Section of the Website.

All applications must be accompanied by plans which show the location of septic, well, and floor plans when applicable.

Incomplete submissions will be returned.

Change of Use/Conversion Review:

Project Description:

Installation of gravel parking area over existing 2" forced main septic lines. The line is schedule 40 PVC and H2O loading per installer Jim Ross of Ross Construction Inc.

Detached Structure:

Please see "Septic Application for Plan Approval and Permit to Construct" for all proposals that include the construction of a new livable structure.

Barn Garage Shed Pool House Other: _____

Plumbing? Yes No If yes, wastewater discharged into: _____

Generator:

Size of Pad: _____ x _____ feet Propane tank(s) already in place? Yes No

Pool:

Please include pool equipment and new patios/decks on plan.

Type of Pool: _____ In Ground: Above Ground: Size: _____ x _____ feet

Propane:

Location of Tank: _____ In Ground: Above Ground: Size: _____ gallons

Proposal Information

All fields are required.

Distance of proposal to: _____ Well: _____ feet Septic Tank: _____ feet

Leaching Fields: _____ feet

Any sewage backups, overflows, or other problems noted with the existing septic system?

Yes No If Yes, Please Describe: _____

Is septic as-built available? Yes No

Will the proposal alter the building footprint? Yes No

If yes please fill out the following:

Existing Structure: _____ Square Feet. Number of Bedrooms: _____

Proposed: _____ Square Feet. Number of Bedrooms: _____

Signature of Applicant:  Date: MARCH 2, 2023

I certify that I am the owner or the owner's contractual representative and that the information above is accurate to the best of my knowledge

For Department of Health Use Only

Approved: 3/15/2023 Inspector: 

Fee Paid: \$ 50.00 Check Number: 647 Date Received: 3-8-23 Initial of Recipient: DB

Soil Testing Required? Engineer Plan Required? B100(a) Review Required?

Findings/Recommendations:

