

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: ZHU WEN Phone: 212 362 3880
Location of Property: 29 Wyckham Rd Applicant Phone: 212 362 3880
Assessor Map: 08 Block 03 Lot 31
Name of Applicant: _____ Email: _____
(If different from owner)
Property is: Residential: Commercial: _____ 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:

Creation of psychotherapy office.

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: 50' 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: [Signature] Date: 6/13/23

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

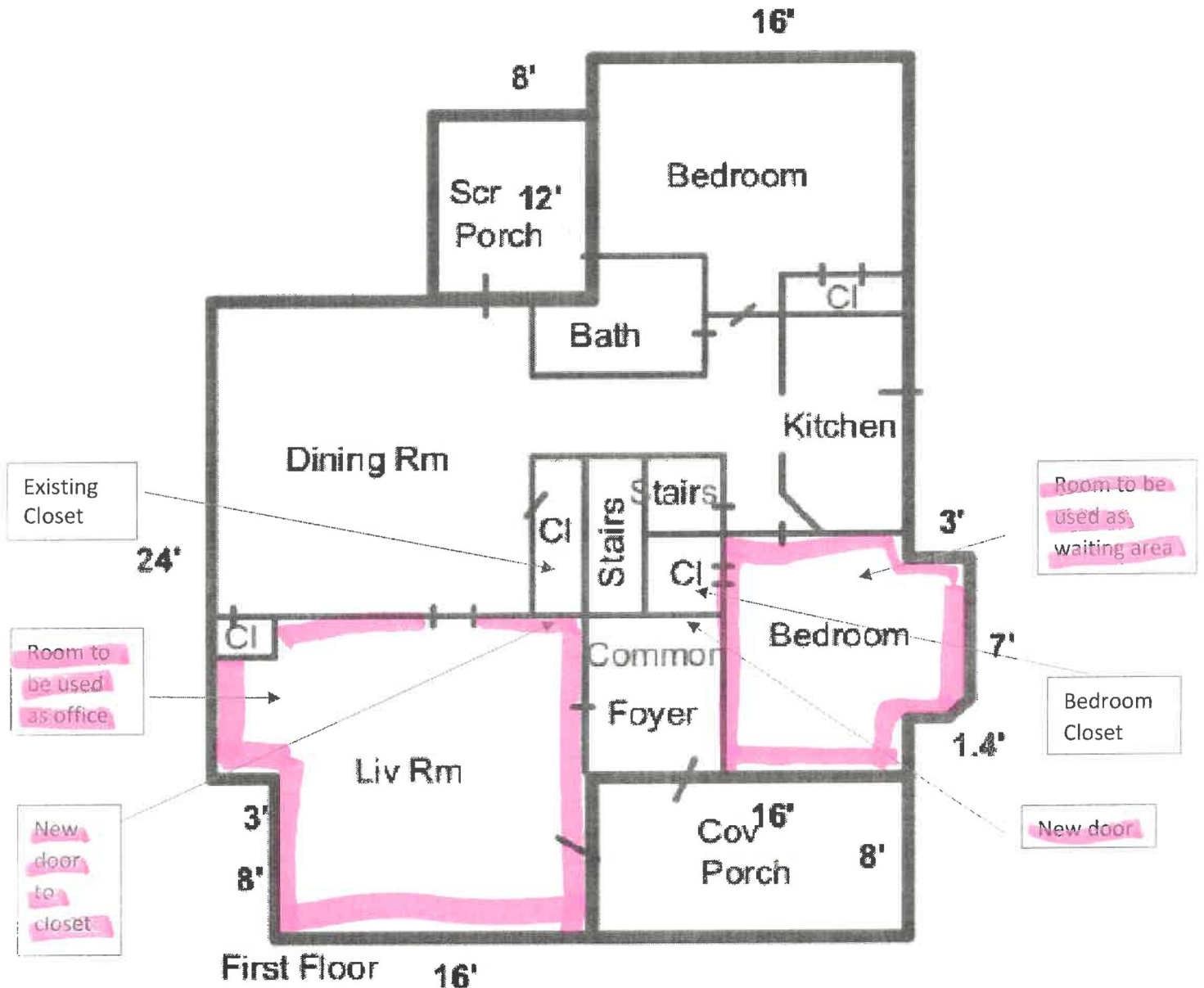
Approved: 6/21/2023 Inspector: [Signature]

Fee Paid: \$ _____ Check Number: _____ Date Received: _____ Initial of Recipient: _____

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

Findings/Recommendations:

Exhibit !
Floor Plan (Ground Floor)



1. "Living Room" will be used as therapist's office. Entry will be through existing doors from the covered porch and the common foyer. Existing sliding pocket doors between the Living Room and the Dining Room will separate the area used as the therapist's office from the residential area of the unit.
2. New door from Living Room to Existing Closet will be installed.
3. The "Bedroom" off of the Common Foyer will be used as a waiting area. There is existing door to seal this room from the residential area of the unit.
4. A new entry door will be installed connecting the Common Foyer to the Bedroom Closet, which will be converted to an entry alcove for the waiting area.
5. Square footage calculations: Residential square footage: 1,184 + 1,160 = 2,344; Area for dual use = not to exceed 33% (375 sq feet of the 1,184 in the unit (31.67%) and 16% of the building.

