



Washington Department of Health

Bryan Memorial Town Hall – P.O. Box 383

Washington Depot, CT 06794

(860) 868-0423 ♦ Fax: (860) 868-2819

Application for Approval for Building Addition/Conversion

\$20 application fee – checks made payable to Town of Washington

Name of Owner: _____ Owner Phone: _____

Location of Property: _____

Name of Applicant: _____ Applicant Phone: _____

(If different from owner)

Applicant Address: _____ Email: _____

Property is: Residential No. of Bedrooms:

Commercial

Describe type and size of addition/conversion proposed: _____

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

This application must be accompanied by a sketch/drawing showing relative distances to septic systems, wells and code-complying area, if required.

Applicant Signature: _____ Date: _____

For Department of Health Use Only.

Department of Health 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: ___ / ___ / ___ Approved: ___ / ___ / ___ Inspector _____ Fee Paid \$ _____