



# Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

**FEE: \$250.00**

## APPLICATION FOR APPROVAL OF PLANS

*Please provide 2 paper copies of the septic plan & 1 paper copy of the house plan.  
We also now require PDF files to be emailed to the Sanitarian reviewing the approval.*

Property Address \_\_\_\_\_  
Street Town

Owner of Property \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers (work & cell) \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Builder's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers (work & cell) \_\_\_\_\_ Fax Number \_\_\_\_\_

Septic System Installer's Name \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Drinking Water Supply: Public \_\_\_\_\_ Private Well \_\_\_\_\_

Will house be equipped with a whirlpool tub? Yes \_\_\_\_\_ No \_\_\_\_\_ Gallonage \_\_\_\_\_

Garbage Disposal? Yes \_\_\_\_\_ No \_\_\_\_\_ Footing Drains? Yes \_\_\_\_\_ No \_\_\_\_\_

Fuel Tank? No \_\_\_\_\_ Yes \_\_\_\_\_ if yes, Interior \_\_\_\_\_ Exterior \_\_\_\_\_ Type of Fuel \_\_\_\_\_

I certify that I am the owner of this property or the contractual representative of the owner. I understand that in addition to this a completed application & a plot plan is required with at least the following on it: dimensions of lot and house, locations of house, well, sewage system, soil tests, all drains, watercourses, driveway and other information as required. I further acknowledge that I am responsible for securing any necessary permit required from other town agencies (Building, Wetlands, Zoning, etc.)

**OWNER/AGENT (FOR OWNER)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature

Print Name

Office use only: House plans reviewed by: \_\_\_\_\_