

Quinnipiack Valley Health District

1151 Hartford Turnpike, North Haven, CT 06473

Phone: (203) 248-4528 FAX: (203) 248-6671 WEBSITE: www.qvhd.org

DERMIT APPLICATION

ADDITION, ACCES	SSORY STRUCTURE, CHANGE-IN- USE, BUIL	DING CONVERSION or LOT LINE REVISION
	PROPERTY ADDRESS	TOWN
	PROPERTY OWNER	PHONE #
	APPLICANT	PHONE #
	CONTACT EMAIL	ALTERNATE EMAIL
Existing Structure	 Residential; Existing Number of Bedi Non-Residential; Current use	rooms
Water Supply	□ Private Well □ Public Water	
Sewage Disposal:	□ Septic systemIs information (location, size etc.) avai□ Public Sewer	ilable? 🗆 Yes 🗆 No 🗆 Unknown
This application is	for:	
□ Detached garag□ Other Accessory□ Change- in- Use	n Building conversion (winterization) e Pool Shed Deck B Structure: e: Residential Addition of # mmercial Use: Current Use:	uried propane tank Bedroom(s) Other
J		
Brief Description of	of Proposal (continue on back if needed):	
PRINTED NAME	SIGNATURE	DATE
lines, existing structu	PLOT PLAN (include location and description of press, code complying area) Include building plansen contacted: Building Official Planning and	if applicable.

FOR OFFICE USE ONLY Soil testing required 76

Soil testing	requirea	□ Yes)
FEE: [] \$125.00	Permit Fee	[]	\$200