



# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790  
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)

## Addition Application

**This is not a building permit.  
You must obtain a permit from the Building Inspector prior to any construction.**

Owner	Address of Proposed Addition				Town
Owner Address	Town	CT ST	Zip	Owner Telephone	
Existing Records? <input type="text"/>	Septic Permit Number: <input type="text"/>	Lot Size: <input type="text"/>			
Information Supplied By: <input type="text"/>	Septic Sytem Designed By: <input type="text"/>				

The application **must** be accompanied by a **check** made payable to **TAHD** in the amount of:  
**ACCESSORY STRUCTURE : \$35.00      HABITABLE STRUCTURE: \$55.00** (Returned Check Fee \$25.00)

Application shall be accompanied by a SKETCH ( on back ) showing the relative distances from the proposed addition to the well and septic system.

Size of Addition

Description of Addition

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**TAHD USE ONLY BELOW LINE**

**APPROVED**  **DENIED**

Sanitarian:  Decision Date: