



# 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)

## Swimming Pool And Spa Application

**This is not a building permit.**

**You must obtain a permit from the Building Inspector prior to any construction.**

Owner	Owner Address	Town	CT ST	Zip
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Street #	Street Name	Town	Owner Telephone
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Existing Records?  Septic Permit Number:

Lot Size:  Pool Application Date:

Information Supplied By:  Designed by:

Application shall be accompanied by a check made payable to the TAHD in the amount of \$55.00 and a:



Pool Installer:

Size Of Pool:  Type Of Pool:

Distance To Well:

Distance To Septic System:

Application should be accompanied by a sketch or plot plan indicating the location of the house, pool, septic system and well. Sketch must be signed by applicant. (Returned Check Fee \$25.00)

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

### TAHD USE ONLY BELOW LINE

**APPROVED**

**DENIED**

Waiver

Sanitarian

Decision Date