

**Health Department Approval Form**  
(For Building Additions/Alterations Proposed  
And Property Served by Septic System and/or Well)

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Address: (If different) \_\_\_\_\_

Phone: \_\_\_\_\_

Proposed Addition/Alteration: (description and location in reference to septic/well  
MUST include sketch)

\_\_\_\_\_  
\_\_\_\_\_

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Property served by:

\_\_\_\_\_ septic system

\_\_\_\_\_ city sewer

\_\_\_\_\_ private well

\_\_\_\_\_ city water

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Attention Building Department:

The Health Department has reviewed the proposed building addition/  
Alteration, according to plot plan dated \_\_\_\_\_, for CT Public Health  
Code Compliance. Please note that the Health Department has:

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_