



# TOWN OF MADISON CONNECTICUT

## Building Department Certificate of Occupancy

Address \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_

The undersigned has completed construction of a \_\_\_\_\_  
\_\_\_\_\_ in accordance with plans and specifications filed with the Building  
Dept. and authorized by Building Permit No. \_\_\_\_\_ dated  
\_\_\_\_\_, and the said structure complies with the Building Code of the State of Connecticut  
and the Town of Madison, the Regulations of the Planning and Zoning Commission and all other applicable  
local requirements. Authority to occupy and use said structure is hereby applied for.

Contractor \_\_\_\_\_

I hereby certify that upon inspection of the construction, location and proposed use of the building  
erected under Building Permit No. \_\_\_\_\_, I find the same to be in accordance with the State  
of Connecticut Building Code. This application has been reviewed and approved by the Zoning and Wetlands  
Enforcement Officer and the Town Engineer.

Date \_\_\_\_\_ Signed \_\_\_\_\_

*Building Official*

## Health Department Permit to Discharge to a Subsurface Sewage Disposal System

Approval is hereby given to property owner, in accordance with CT Public Health Code Section 19-13-B103e(h),  
as amended, to discharge to the subsurface sewage disposal system provided for this property, subject to the  
**conditions** noted below.

Sanitary Permit # \_\_\_\_\_ Inspected by \_\_\_\_\_ Date \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Permitted Flow \_\_\_\_\_ # Bedrooms \_\_\_\_\_  
*Residential, Restaurant, Commercial, Etc.* *Gallons per Day*

Issued by \_\_\_\_\_ Director of Health \_\_\_\_\_  
*Signature* *Title* *Date*

- Conditions:**
1. Daily flow not to exceed permitted above (in order to maintain a safety factor, it is recommended that the average daily flow to this subsurface sewage disposal system not exceed 2/3 of the Permitted Flow shown above).
  2. Septic tank shall be inspected and cleaned at no more than 5 year intervals.
  3. It is recommended that outlet filter be inspected and cleaned when needed.
  4. Discharge of cooking grease should be severely limited; use of a garbage disposal is discouraged.
  5. \_\_\_\_\_

**Public Health Code Exceptions:** (Repairs Only): \_\_\_\_\_

## Zoning Certificate of Compliance

To verify that work has been completed in accordance with the above referenced Building Permit, a survey certified by  
\_\_\_\_\_ and dated \_\_\_\_\_ with revisions through \_\_\_\_\_  
of the above-referenced property and the structures thereon has been presented to the Zoning Enforcement Officer.

Such plan indicates that the construction is in conformance with the applicable Zoning Regulations. This certificate is  
based on the certified plot plan submitted. Falsification, by misrepresentation or omission, or failure to comply with the  
conditions above shall cause this certificate to be null and void.

Note: In accordance with Public Act 03-144, the applicant may provide notice of the zoning certification associated with a  
building permit or certificate of occupancy by publication in a newspaper having substantial circulation in this municipality  
stating that the certification has been issued. Any such notice shall contain (A) a description of the building, use or  
structure, (B) the location of the building, use or structure, (C) the identity of the applicant, and (D) a statement that an  
aggrieved person may appeal to the zoning board of appeals in accordance with the provisions of section 8-7, as  
amended by this act.

Conditions/Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Zoning Enforcement Officer*

\_\_\_\_\_ Building Permit #

\_\_\_\_\_ Sanitary Permit #

**MADISON HEALTH DEPARTMENT**  
**Application for and Permit to Construct a Subsurface Sewage Disposal System**

**GENERAL INFORMATION**

**Owner** \_\_\_\_\_ **Location** \_\_\_\_\_  
Street Number & Name

**Installer Name & License #** \_\_\_\_\_ **Engineer Name** \_\_\_\_\_

**Type of building:** Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Restaurant \_\_\_\_\_ Other/Mixed \_\_\_\_\_  
(Check One) (Specify)

**Application for:** (Check One) New System \_\_\_\_\_ Repair to Existing System \_\_\_\_\_ Addition to Existing System \_\_\_\_\_

**SOIL & SYSTEM INFO**

**Water Supply:** (Check One) Public \_\_\_\_\_ Well \_\_\_\_\_

**Percolation Rate:** \_\_\_\_\_ Min/In on \_\_\_\_\_  
Date  
\_\_\_\_\_ Ft. to Ledge and/or \_\_\_\_\_ Ft. to Groundwater/Mottling on \_\_\_\_\_  
Date

**Basis of Design:** (# of Bedrooms, Restaurant Seats, Building Size, etc.) \_\_\_\_\_

Type of Leaching System \_\_\_\_\_ Effective Leaching Area \_\_\_\_\_ Septic Tank Capacity \_\_\_\_\_  
Trench, gallery, etc. Square Feet Gallons

Applicant certifies the above information and the information shown on the attached sketch is correct to the best of his ability. Applicant further agrees that all construction will conform to the State of Connecticut Public Health Code.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Permit Granted** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_  
Director of Health or Registered Sanitarian

**Office use only below this line**

**RECORD OF INSPECTIONS**

**Topsoil Strip:** \_\_\_\_\_ **Fill:** \_\_\_\_\_ Perc/Sieve in Fill Needed? Y N  
Date Initial Date Initial

**Others:** \_\_\_\_\_

**House Sewer:** Type of Pipe \_\_\_\_\_ Slope \_\_\_\_\_ **Grease Trap:** Size \_\_\_\_\_ (Gal) Baffles \_\_\_\_\_ Risers Needed? Y N

**Septic Tank:** Size \_\_\_\_\_ (Gal) Baffles \_\_\_\_\_ Outlet Filter \_\_\_\_\_ Risers Needed? Y N

**Pump & Chamber:** Size \_\_\_\_\_ (Gal) Floats Checked? Y N Alarm Checked? Y N Riser Checked? Y N

**Leaching System:** \_\_\_\_\_ Required Leaching Area Provided? Y N Proper Center-to-Center Spacing? Y N  
Type

**Effluent Distribution:** Level \_\_\_\_\_ OR Serial/High Level Overflow \_\_\_\_\_

**Separation Distances:** Horizontals Checked? Y N Vertical Checked? Y N Elevations Meet Plan? Y N

**Final Inspection Approved:** \_\_\_\_\_  
Date Initial Date Initial

**As-Built Approved:** \_\_\_\_\_ **Comments:** \_\_\_\_\_