



TOWN OF MADISON - HEALTH DEPARTMENT

8 Campus Drive, Madison CT 06443 Telephone (203)245-5681 Fax (203)245-5613 www.madisonct.org

**APPLICATION FOR BUILDING CONVERSION, BUILDING ADDITION
OR ACCESSORY STRUCTURE (CT PHC Section 19-13-B100a)**

NOTE: A SCALED DIAGRAM OF THE PROPOSED ADDITION OR ACCESSORY STRUCTURE IN RELATION TO EXISTING STRUCTURES, PROPERTY LINES, SEPTIC SYSTEM AND OTHER DRAINAGE STRUCTURES, AND WATER SOURCE MUST BE SHOWN ON BACK, OR ATTACH DETAILED PLAN. PROPOSED BUILDING PLANS MUST ALSO BE SUBMITTED WITH THIS APPLICATION.

Date: _____ Property Address: _____

Owner's Name: _____ Tel: _____

B100a Applicant/Contractor: _____ Tel: _____

Address: _____ Email: _____

TYPE OF APPLICATION:

_____ Building Conversion, Change in Use (Winterization) _____ Propane Tank(s)

_____ Building Addition _____ Generator

_____ Interior Renovations Only

_____ Accessory Structure (Deck, Attached Garage, Below/Above Ground Pool, Shed)

_____ Lot division, Lot Line change, Lot Reduction

_____ Other, please describe _____

GIVE A BRIEF DESCRIPTION OF PROPOSED ADDITION: (Performing winterization; type, size, and number of rooms being added; square footage of house addition; and type and size of structures being added, etc.)

EXISTING STRUCTURE:

Residential _____ Non-Residential _____ If non-Res. Describe _____

Number of Existing Bedrooms _____ Number of Existing Bathrooms _____

Approximate Existing Floor Area (in sq ft): _____ Approximate Proposed Floor Area _____

Water Supply (Check One): Private Well _____ Public Water _____

EXISTING SEPTIC SYSTEM:

Year System was installed: _____ Check One: New _____ Repaired _____

Size of Septic Tank: _____ Size and Type of Leaching System: _____

Has any soil testing been performed on the property? Y _____ N _____

(over)

Diagram of proposed addition:

NOTE: Show location of current septic system, and its distance from existing of proposed structure. Sketch and size the perimeter of the structure. Show reserve area, footing or ground water drains, easements, well location and lot dimensions, attached and detached buildings or other structures (pool decks, sheds, etc.) Indicate if areas of the lot will be regraded. *If proposal is for a pool, show method of backwash for filter*



I attest that the above information is accurate to the best of my knowledge:

Signature of owner or authorized representative: _____