



Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

FEE: \$260.00

APPLICATION FOR APPROVAL OF PLANS

*Please provide 2 paper copies of the septic plan & 1 paper copy of the house plan.
We also now require PDF files to be emailed to the Sanitarian reviewing the approval.*

Property Address _____
Street Town

Owner of Property _____

Mailing Address _____

Phone Numbers (work & cell) _____ Fax Number _____ Email _____

Builder's Name _____

Mailing Address _____

Phone Numbers (work & cell) _____ Fax Number _____

Septic System Installer's Name _____

Number of Bedrooms _____

Drinking Water Supply: Public _____ Private Well _____

Will house be equipped with a whirlpool tub? Yes _____ No _____ Gallonage _____

Garbage Disposal? Yes _____ No _____ Footing Drains? Yes _____ No _____

Fuel Tank? No _____ Yes _____ if yes, Interior _____ Exterior _____ Type of Fuel _____

I certify that I am the owner of this property or the contractual representative of the owner. I understand that in addition to this a completed application & a plot plan is required with at least the following on it: dimensions of lot and house, locations of house, well, sewage system, soil tests, all drains, watercourses, driveway and other information as required. I further acknowledge that I am responsible for securing any necessary permit required from other town agencies (Building, Wetlands, Zoning, etc.)

OWNER/AGENT (FOR OWNER) _____ **Date:** _____
Signature

Print Name

Office use only: House plans reviewed by: _____