



**TOWN OF WESTBROOK
HEALTH DEPARTMENT**

866 BOSTON POST ROAD
WESTBROOK, CONNECTICUT 06498
(860) 399-3047 • Fax (860) 399-2084

ENGINEERED PLAN REVIEW

Form must be filled out for all PE plans submitted to the Health Department

Engineer: _____ License No. _____

E-Mail: _____ Phone: _____ Fax: _____

Property Address: _____

Owner's Name: _____ Owner's Phone: _____

I attest that the plan submitted for Health Department approval is compliant with the CT Public Health Code and the Town of Westbrook WPCC Ordinance.

When applicable, a copy of the building plans/floor layout must accompany the septic plan.

Date: _____

Signature: _____

Print Name: _____

OFFICE USE ONLY

Payment Received: Cash _____ Check # _____ Date _____

Date Approved: _____ Signature: _____

Date of Plan: _____ Last Revision Date: _____

Zoning Status: _____

Date of Building Plans: _____ Last Revision Date: _____

Building Plans Drawn By: _____

TOWN OF WESTBROOK

HEALTH DEPARTMENT 866 Boston Post Road, Westbrook,

Connecticut 06498

Tel: (860) 399-3047 or (860) 399-3046

Date: _____

APPLICATION # _____

Fee: _____

Paid: _____

B-100a: Application for Building Conversion, or Addition, or Accessory Structures

Note: A scaled diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on a detailed plot plan which must be attached to this Application. Proposed building plans must also be submitted with this Application.

PROPERTY ADDRESS: _____

Owner's Name: _____ Owner's Phone #: _____

Applicant's Name: _____ Applicant's Phone #: _____

Applicant's Address: _____ Applicant's Fax #: _____

Applicant's E-Mail Address: _____ Applicant's License No. _____

TYPE OF APPLICATION

1. Building Conversion, Change of Use (Winterization),
 _____ Existing # of Bedrooms _____ Proposed # of Bedrooms
2. Building Addition ; Tear Down, Rebuild (same Use Class)
3. Accessory Structure, ex. Garages, Pools, Shed, Decks, or Porches.
4. Lot Division, Lot Line Changes, Lot Reductions.

Provide a brief description of proposed application: (e.g.: performing winterization; type and number of rooms being added; square footage of house addition; and, type of structures to be added, etc.)

EXISTING STRUCTURE:

Residential *Non-Residential* (*Describe Occupancy:* _____)

Approximate Existing Floor Area (sq. ft.) _____ *Approximate Proposed Floor Area (sq.ft.)* _____

Water Supply: *Private Well* *Public Water Supply* *Number of Existing Bedrooms* _____

EXISTING SEPTIC SYSTEM

Year Existing Septic Installed: _____ New Repair

Has soil testing been performed on this property Yes (attach results) No (Schedule Soil Testing)

Signature of Applicant: _____ Date: _____

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<u>RESIDENTIAL NEW CONSTRUCTION</u> PE plan review (no existing system)	\$100.00
<u>COMMERCIAL NEW CONSTRUCTION</u> PE Plan Review (no existing system)	\$100.00
<u>SUBDIVISION REVIEW</u> PE plan review (per lot no existing systems)	\$150.00
<u>REPAIR RESIDENTIAL</u> PE plan review (existing system on lot)	No Charge
<u>REPAIR COMMERCIAL</u> PE plan review (existing system on lot)	No Charge
<u>B100a</u> PE plan review	No Charge
B-100a Application and Fee	No Charge

AND

Refer to Health Department Fee Schedule

Please note that the Permit to Construct is a separate form and a separate fee that will need to be submitted after the plan has been approved by the Health Department.



