

TOWN OF PLAINVILLE
Department of Health and Housing
ONE CENTRAL SQUARE, PLAINVILLE, CONNECTICUT 06062-1955
(860) 793-0221 ext. 219 Fax (860) 747-1123 Email: health@plainville-ct.gov

**APPLICATION FOR A PERMIT TO CONSTRUCT OR REPAIR
A SUBSURFACE SEWAGE DISPOSAL SYSTEM**

Date: _____ Construction Fees: New Construction- \$75.00; Repair- \$50.00; Other- \$50.00

To the Plainville Director of Health:

I am hereby applying for a permit to construct, alter, repair or extend a subsurface sewage disposal system for a:

New System _____ Repair _____ Other(explain): _____

Dwelling _____ Food Service Operation _____ Other: _____
of bedrooms # of seats Explain in detail

Located at: _____
Address Lot # and Subdivision Name (if necessary)

Owner's Name Address Phone #

The above information is true and accurate to the best of my knowledge. I will notify this office upon any changes.

Signed _____
Owner or duly authorized representative Print Name Date

*******For Installer Only*******

Installer's Name Business Name and Address

Installer License No. _____ Installer's Phone #'s _____

I agree to comply with the Technical Standards pursuant to the CT Public Health Code section 19-13-B103

Installer's Signature: _____ **Date Signed:** _____

*******For Office Use Only*******

Public Sewer Available: _____ Town Engineer Sign Off: _____

Date(s) Soil Tests Conducted: _____ Suitable for septic? _____

Area of Special Concern?: _____ If yes, why: _____

Basis of Design (# of Bedrooms, Restaurant Seats, Building Size, etc): _____

Type of System: _____

Engineered Plan Required?: _____ Name & Phone of Engineer: _____

Design Plan Approved?: _____ Date of Approved Plan: _____ Revision Date(s): _____

Type of Water Supply _____ If well, has location been approved?: _____

Permit to Construct issued by: _____ Date: _____ Permit # _____

Date Fee Paid: _____ Amount: _____ Check # _____