

Waterbury Health Department
Environmental Health Division
License Application

To The Director of Health Town of: _____ Date: _____

This application is hereby made for permit to construct a
sewage disposal system for a: _____
(Residence, Store, Restaurant, etc.)

Located at: _____
(Street Address, Lot Number, Subdivision Name, Map, Block, Lot, etc.)

New System: _____ Addition _____ Repair _____ Other: _____

Owner: _____ Address: _____ Telephone: _____

Installer: _____ Address: _____ Telephone: _____

In accordance with detailed information stated below

APPLICATION FEE IS \$250.00.

MAKE CHECKS OR MONEY ORDERS (NO CASH) PAYABLE TO: Waterbury Health Department

Application Date: _____ Signed: _____
(Owner or duly authorized representative)

General Information

Subdivision Approval _____ Date: _____ Lot Size _____ sq. ft

On Public Water Supply Watershed: _____ On Designated Wetland _____

SCS Soil Classification _____ Public Sewer Scheduled _____

If residential, number of bedrooms: _____ Flood Zone: _____

If non-residential, design criteria: _____
(Sanitary Facilities, No. of Employees, Meals Served, etc.)

Basement Fixtures _____ Foundation Drains _____ Special Equipment _____

ENGINEER'S PLAN REQUIRED **TEST DURING WET SEASON**

Water Supply _____ Type Well _____

Well Location _____ Foundation Drains _____ Special Equipment _____
(Date)

Well Drillers Name _____ Address _____

WATER SUPPLY APPROVED

PERMIT FEE \$500.00

MAKE CHECKS OR MONEY ORDERS (NO CASH) PAYABLE TO: Waterbury Health Department

Applicant's Signature: _____ Application Date _____

For Office Use Only

Date App. Fee Paid: _____ Check or MO #: _____ Initials: _____

Date Permit Fee Paid: _____ Check or MO#: _____ Initials: _____

Date Issued: _____

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