

**TO BE SUBMITTED TO: Pomperaug District Department of Health
800 Main Street South, Suite 124
Southbury, CT 06488
(203)264-9616**

Rec # _____
Date _____
\$ Amount _____
Rec'd By _____

**APPLICATION FOR CHANGE OF USE/CONVERSION
COMMERCIAL AND RESIDENTIAL**

Address _____ Town _____

Map _____ Block _____ Lot _____

Owner of Property _____ Phone _____

***Owner of record of house/commercial building. If condo, the Association or Board of Directors.**

Owner Address _____
Street _____ Town _____ Zip _____

EXISTING USE

Existing Use _____

Name of Business _____ Square Footage _____

Water Supply: Public _____ Private _____ Daily Water Use _____

Sewage System (Size & Type) _____

PROPOSED USE

Proposed Use _____

Name of Business _____ Square Footage _____

Water Supply: Public _____ Private _____ Daily Water Use _____

Sewage System (Size & Type) _____

NOTE: Connecticut Public Health Code & PDDH policy require that the subsurface sewage disposal system be sized to reflect the proposed use. **The following information is required with the completed application:**

1. Plot Plan showing the location of both the existing and proposed building, sanitary system and water supply.
2. Calculations and any other information in order to demonstrate that the sewage system can support the proposed use (i.e. water use figures, soil test results, number of seats, application rate, etc).

Please Print:

Applicant's Name _____ Phone _____

Applicant's Address _____

Applicant's Signature _____ Date _____
(MUST BE OWNER OR DULY AUTHORIZED REPRESENTATIVE)

APPLICATION REVIEW FEE: Residential \$50.00 Commercial \$125.00