



TOWN OF MANCHESTER HEALTH DEPARTMENT
 479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
 Phone Number: **(860) 647-3173**, Fax Number: **(860) 647-3188**

B100A APPLICATION

(Please return this form and plans to this department)

(for building conversion, change of use, building addition, accessory structure, decks, pools, recreational courts, and lot line change)

Owner
 Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Applicant
 Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

PROPOSED ACTIVITY

Describe the proposed structure or activity with dimensions (e.g. = "addition with bedroom, bathroom & family room" or "in ground pool" or "winterizing existing porch"):

Existing Property Use

Residential: Number of Existing Bedrooms: _____
 Non-Residential: Please Describe: _____
 Property served by Septic System? Yes No Age of System: _____
 Property served by on-site Well? Yes No Other: _____

PLAN NEEDS

Plot Plan - attach a scaled drawing showing property lines and dimensions, location and size of existing and proposed structures and site features, such as driveways, wells and septic systems, drains and watercourses.
Building Plan - attach a sketch/floor plan of the proposed structure, addition or renovation showing existing and proposed rooms with door and window locations.

SOIL DATA REQUIRED

NOTE: Soil test data (deep test pits and percolation test) may be required for the review of this application. If soil test data is not available in your property file, you will need to schedule an appointment with the Health Department for soil testing. Please schedule soil testing as soon as it is reasonably possible to avoid delays in processing your application. If you have any questions regarding the soil testing, please call the Manchester Health Department at (860)647-3173.

Please read the requirements listed above before signing and submitting this application. I certify that my answers are true and complete to the best of my knowledge.

Applicant Name: _____ Date: _____
 (Print)

Applicant Signature: _____ Date: _____