



# City of Meriden, Connecticut

Lea Crown, MPH  
Director of Health and Human Services

165 Miller Street  
Meriden, CT 06450-4283  
Telephone (203) 630-4226  
Fax (203) 639-0039

## Application for building Conversion, Building addition or accessory structure

**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 attached detailed plot plan. Proposed building plans must also be submitted with this application.

Date: \_\_\_/\_\_\_/\_\_\_ Owner's name \_\_\_\_\_

Property address: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Type of application

\_\_\_\_\_ Building conversion, change and use (winterization)

\_\_\_\_\_ Building addition.

\_\_\_\_\_ Accessory structure attached or detached garage, below or above ground pool.

\_\_\_\_\_ Lot division, lot line Change, Lot reduction.

Give a brief description of proposed application: (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 \_\_\_\_\_ If non-residential. Describe \_\_\_\_\_

Number of existing rooms number of existing bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_

Number of oversize tubs (>99 gallon.) \_\_\_\_\_ Gallons \_\_\_\_\_

Approximate existing floor area (in sq. Ft.) \_\_\_\_\_ Approximate proposed floor area \_\_\_\_\_

Footing or foundation drains present? \_Y or N

Water supply: Private Well \_\_\_\_\_ or, public Water \_\_\_\_\_

### Existing Septic System.

Your system was installed? \_\_\_\_\_ New or repair? \_\_\_\_\_

Size of Septic Tank: \_\_\_\_\_ gals. Size of the type of bleaching system: \_\_\_\_\_

curtain drain? \_\_\_\_\_ (Y or N) Has any soil testing been performed on the property? \_\_\_\_\_ (Y or N)

If yes, when and by whom? \_\_\_\_\_

Signed \_\_\_\_\_ Application fee paid \_\_\_\_\_  
(Owner or Duly Authorized Representative)

**FOR OFFICE USE ONLY**

Application complete? \_\_\_\_\_ (Y or N) Date completed? \_\_\_\_\_

Is soil testing information available for this property? \_\_\_\_\_(Y or N) if no, will soil testing be required? \_\_\_\_\_ (Y or N)

**Building Conversion, Change in Use:** Applicable \_\_\_\_\_ Not Applicable \_\_\_\_\_

Has a code complying area been determined for this property? \_\_\_\_\_ (Y OR N)

Will the proposed change result in greater than 50% increase in design flow? \_\_\_\_\_ (Y or N) if yes will the property owner be required to expand the existing septic system? \_\_\_\_\_ (Y or N)

**Building Addition:** Applicable \_\_\_\_\_ Not Applicable \_\_\_\_\_

Has a code complying area been determined for this property? \_\_\_\_\_ (Y or N)

If a code complying area is not found, does the application meet the following conditions?

1. Replacement area provides 50% of affective leaching area.
2. Replacement area provides 50% of MLSS requirement.
3. No exceptions to wild separation distance is required.
4. The addition does not reduce the potential repair area.
5. The addition does not increase the design flow of building.

Will proposed addition result in greater than 50% increase in design flow? \_\_\_\_\_ (Y or N) If yes, will the property owner be required to expand his existing septic system? \_\_\_\_\_ (Y or N)

**Accessory structure, attached or detached garage is, below or above ground pool:**

Applicable \_\_\_\_\_ Not Applicable \_\_\_\_\_

Has a code compliant area I've been determined for this property? \_\_\_\_\_ (Y or N)

If a code compliant area is not found, does the application meet the following conditions? \_\_\_\_\_ (Y or N)

1. Accessory structure, etc. does not reduce the potential repair area.
2. The separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements.

**Lot division, light line, light reduction:** Applicable \_\_\_\_\_ Not Applicable \_\_\_\_\_

Has a code compliant area been determined on the lot containing the existing building? \_\_\_\_\_ (Y or N)

Has a code compliant primary and reserve area been determined for the newly created lot? \_\_\_\_\_ (Y or N)

**Decision:**

Approved/not approved \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Note: Diagram of proposal (plot plan shall be attached).