Trumbull Health Department
335 White Plains Road, Trumbull, CT 06611
Phone (203) 452-1030 - Fax (203) 452-1050

Permit # _____ Fee Paid ____ Fee Exempt (if soil testing is required)___

$100 Building Addition (finishing basement, adding bedroom(s)/living space) ☐

$50 Accessory Structure (garage, deck, porch, pool) ☐

19-13-B100a Application

Property Address: _____ Number of Bedrooms: _____

Owner's Name: _____ Phone: _____

Applicant Name (if other than owner): _____ Phone: _____

Description of Proposed Activity: _____

_____

_____

*****Depending on the proposed change and age of septic system, soil testing may be required to identify a code complying reserve area on the property, per B100a*****

Existing Septic Information: Original: __ Repair: __ Year Installed: _____

Tank Size: _____ gals Type/Size of Leaching Fields:_____

Required Information

1. A plot plan, town GIS map, or A-2 survey showing distances from the location of the proposed structure to the existing septic system, private well, or city water line. Include other structures in your yard such as a pool (specify in or above ground), shed, deck, or patio.
2. A sketch of the proposed layout or floor plan (complete with dimensions, room labels, plumbing fixtures).
3. A code-complying area, if required*.

Owner or Applicant Signature: _____ Date: _____

Trumbull Health District Remarks

SSDS Proposal Required: Y/N Soil Testing Required: Y/N Approved: Y/N

_____

_____

_____

_____

Sanitarian: _____ Date: _____