



BRISTOL-BURLINGTON HEALTH DISTRICT  
 240 Stafford Avenue, Bristol, Connecticut 06010-4617  
 Tel. (860) 584-7682 • Fax (860) 584-3814 • [www.bbhd.org](http://www.bbhd.org)

Healthy People



Healthy Communities

**APPLICATION for BUILDING ADDITIONS / CONVERSIONS /CHANGES IN USE  
 ACCESSORY STRUCTURES, GARAGES, SWIMMING POOLS, CT PHC 19-13-B100a**

1. Complete Application Form and submit w/ fee. **\$75 habitable structure**  
**\$50 non habitable (decks, pools, sheds etc)**  
**NO FEE – WELL ONLY REVIEW**
2. Complete Permit to Construct Form and submit w/ fee
3. **SUBMIT detailed site plan or sketch drawn to scale (Example 1 inch = 20 feet) for the review of this application, showing all information listed below:**
  - ) **Plan must show Property Lines**
  - ) **Existing house location and any existing garages , pools ,decks sheds**
  - ) **Existing location and size of proposed structure**
  - ) **Existing location of current SEPTIC SYSTEM including pipe from house to septic tank and location of septic tank and leaching fields**
  - ) **Existing location of all WELLS within 150ft of existing septic system . This may include wells on adjacent properties.**
  - ) **Existing site features such as driveways, drains ,water courses ,wetlands**
  - ) **Existing soil data must be submitted with application (test pits and percolation tests)**  
**IF SOIL DATA IS NOT AVAILABLE ON FILE FOR THIS APPLICATION, YOU WILL NEED TO SCHEDULE AN APPOINTMENT WITH BBHD FOR SOIL TESTING.**  
Soil test data may be on file at the BBHD office, BBHD website or at the Burlington Building Department.
  - ) **If proposing an addition , provide sketch of existing and proposed floor plan Ex : adding second floor, enlarging rooms, adding bedroom, finishing basement, in-law apartment**

Upon the submission and approval of all the required soil data and requested information , the Health District shall issue a B-100 Permit to Construct to the town’s Building Department and a copy to the applicant

**SEPARATING DISTANCE REQUIREMENTS FROM PROPOSED ADDITION/ACCESSORY STRUCTURE TO THE SEPTIC SYSTEM and WELL**

<b><u>Above Ground Pool</u></b>	<b><u>10’ feet to any part of septic system or well</u></b>
<b><u>In ground Pool</u></b>	<b><u>25’ feet to any part of septic system or well</u></b>
<b><u>Decks on piers</u></b>	<b><u>5’ feet to any part of septic system</u></b>
<b><u>Building Served /Additions (without footing drains )</u></b>	<b><u>15’ feet to any part of septic system</u></b>
<b><u>Building Served /Additions ( without footing drains )</u></b>	<b><u>10’ feet to septic tank/ pump chamber</u></b>
<b><u>Building Served /Additions ( with footing drains )</u></b>	<b><u>25’ feet to any part of septic system/ well</u></b>
<b><u>Accessory Structures ( without footing drains )</u></b>	<b><u>10’ feet to any part of septic system</u></b>

Accessory Structure means a permanent non habitable structure that is not served by a water supply or sewage system, such as decks detached garages, sheds , gazebos, pavilions and barns. Small (less than 200 square feet) portable structures (sheds) without permanent foundations (concrete slab, piers, footings) are not considered permanent structures, except for decks.

*This form is used to conform to the State of Connecticut Public Health Code, Section 19-13-B100a, which governs building conversions and/or changes in use to existing structures, building additions, garages/accessory structures, swimming pools and sewage disposal area preservation. You are filling out this form to provide the BBHD with information to assure that you: - Do not build any structures on top of an existing septic system and*

*Conform to the required separating distances and maintain your property according to the CT. Public Health Code*



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**APPLICATION FOR BUILDING CONVERSION**  
**BUILDING ADDITION OR ACCESSORY STRUCTURE**

Fee: \$75 Habitable structure \$50 non habitable structure, pools, decks. Well only review NO FEE

**Submit the following information with application:**  
Site Plan or Sketch drawn to scale (Ex: 1 inch =20 FT) showing property lines location of existing structures, proposed addition, deck, pool, shed, well location, location of septic tank , septic leaching fields, curtain drains

DATE: \_\_\_\_\_ OWNER'S NAME \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
(Street) (Town)

Email: \_\_\_\_\_

**TYPE OF APPLICATION:**

- \_\_\_\_\_ Building Conversion, Change in Use (Winterization)
- \_\_\_\_\_ Building Addition
- \_\_\_\_\_ Accessory Structure, Attached or Detached Garage, Below or Above Ground Pool

**DESCRIPTION OF PROPOSED BUILDING ADDITION, CONVERSION, CHANGE OF USE**  
**ACCESSORY STRUCTURE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY IS SERVICED BY    SEPTIC SYSTEM    WELL    PUBLIC SEWERS    PUBLIC WATER   

Residential \_\_\_\_\_ Non-Residential \_\_\_\_\_ If Non-Res., Describe \_\_\_\_\_

Number of Existing Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_

Foundation or Footing drains \_\_\_\_\_

**EXISTING SEPTIC SYSTEM:** \_\_\_\_\_ New or Repair \_\_\_\_\_

Year System installed \_\_\_\_\_ Size Septic Tank \_\_\_\_\_ Type leaching fields \_\_\_\_\_

Is Soil test data available \_\_\_\_\_

(Owner or Duly Authorized Representatives) \_\_\_\_\_

Application Fee Paid \_\_\_\_\_

**REVERSE SIDE - OFFICE USE ONLY**

**FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

INFORMATION ON EXISTING SYSTEM: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

CODE COMPLYING AREA (SQUARE FOOTAGE): \_\_\_\_\_

CODE COMPLYING AREA (TYPE OF SYSTEM): \_\_\_\_\_

MLSS: \_\_\_\_\_

HAS A CODE COMPLYING AREA BEEN DEMONSTRATED ON A PLAN?: YES -  NO -

IF A CODE COMPLYING AREA CANNOT BE DEMONSTRATED, LIST THE INFORMATION USED FOR APPROVAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED \_\_\_\_\_ BY: \_\_\_\_\_

DENIED \_\_\_\_\_ BY: \_\_\_\_\_



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**PERMIT TO CONSTRUCT B-100a ( additions, building conversions, change in use)**

**PERMIT NO.** \_\_\_\_\_

**OWNERS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **meets the requirements**

**B-100a (additions, building conversions, change in use)**

**LOCATED AT:** \_\_\_\_\_ **TOWN:** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**SEPTIC:** \_\_\_\_\_ **SIGNATURE OF OWNER:** \_\_\_\_\_

**WELL:** \_\_\_\_\_ **SANITARIAN:** \_\_\_\_\_

**# of Bedrooms:** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_

Permit valid for a period of one year from the date of issuance and shall terminate and expire upon a failure to start construction . Permit may be renewed for an additional one year period by the local director of health upon demonstration of reasonable cause for failure to start construction w/in 1 year period

**COPIES:** ( ) Engineer ( ) Owner ( ) Building Dept. ( ) B-100 Building Addition or Accessory Structure

Septic system tank/ leaching fields must be field staked prior to installation of inground pool

Avoid driving any heavy machinery or trucks over the septic tank and or leaching fields. Especially if access to pool accessory structure, shed , gazebo, addition etc ,is located near septic tank or leaching fields. Driving any heavy machinery or trucks over the septic tank and or leaching fields could potentially cause damage to the tank or fields

Small (less than 200 square feet) portable structures (sheds) w/out permanent foundations( concrete slabs, piers, footings) are not considered permanent structures,except for decks.However, structures must be 5FT from septic tank& fields