

# TOWN OF OLD LYME

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HEALTH DEPARTMENT  
52 Lyme Street  
Old Lyme, CT 06371

## SANITARIAN REPORT

NOVEMBER 2013

1. **Review of last month**
  
2. **B-100a** (*Building Conversions/Changes in Use, Building Additions, Garage Accessory Structures, Swimming Pools, Sewage Disposal Area Preservation*)
  - a. Attorney Lord preparing memorandum
  - b. Creating frequently asked questions
  - c. CT Water
  - d. Heating Permits
  - e. Application Created (*see attached*)
  
3. **Trainings/Conferences**
  - a. CT WPCA conference
  - b. Nutrient Regulations, Removal and Monitoring – A Small Community Perspective (Thursday)
  - c. Sub-Surface Phase 1 & Soils Training
  
4. **Storm water**
  - a. Portland Avenue – new conservator for resident



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Application # \_\_\_\_\_

**19-13-B100a APPLICATION AND REVIEW**  
**FOR CHANGE OF USE, BUILDING CONVERSION,**  
**BUILDING ADDITION OR ACCESSORY STRUCTURE**

Activity

- 1. Building Conversion, Change in Use
- 2. Building Addition - NO Increase in Design Flow
- 3. Building Addition - Increase in Design Flow
- 4. Interior Renovations Only
- 5. Garage/Accessory Structures, Swimming Pools
- 6. Sewage Disposal Area Preservation

Address of Property: \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Proposed Activity:

Describe the Proposed Activity:

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

Existing Structure

Residential: \_\_\_\_\_ OR Non-Residential: \_\_\_\_\_

Describe the Existing Activity:

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

Total Number of Existing Bedrooms: \_\_\_\_\_

Total Number of Bedrooms After Proposed Activity: \_\_\_\_\_

Garbage Disposal: \_\_\_\_\_ (Yes or No)

Number of Oversized Tubs (>99 gal.): \_\_\_\_\_ Gallons: \_\_\_\_\_

Approximate Existing Floor Area (in sq. ft.): \_\_\_\_\_

Approximate Proposed Floor Area (in sq. ft.): \_\_\_\_\_

Footing or Foundation Drains Present: \_\_\_\_\_ (Yes or No)

Property served by septic system: \_\_\_\_\_ (Yes or No)

Age and description of septic system: \_\_\_\_\_

Property served by on-site well: \_\_\_\_\_ (Yes or No) Other: \_\_\_\_\_

**EXISTING USE**

Existing Use \_\_\_\_\_

Name of Business \_\_\_\_\_ Square Footage \_\_\_\_\_

Water Supply: Public \_\_\_\_\_ Private \_\_\_\_\_ Daily Water Use \_\_\_\_\_

Sewage System (Size and Type) \_\_\_\_\_

Required Information

The following information is required with completed application:

**Plot Plan:** Attached a scaled drawing showing property lines and dimensions, location and size of existing and proposed structures, and site features such as driveways, well and septic system(s), drains and watercourse and accessory structures, along with soil and percolation data and Code Complying Area. If a Code Complying Area cannot be determined, contact the Town's Sanitarian to discuss possible options.

**Building Plan:** Attached a sketch/floor plan of the existing and proposed structure(s), addition(s) and/or renovation(s) with all rooms labeled with their existing and proposed designated use. **Building modifications require current and revised floor plans.**

**Note:** Soil Test Data [Test Pit(s) and/or Percolation Test(s)] may be required for the review of this application. If Soil Test Data is not available on file for this Application, you may need to schedule an appointment with the Town's Sanitarian for Soil Test data collection. Please schedule soil test data collection as soon as reasonable to avoid delays in processing your application.

Owner or Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

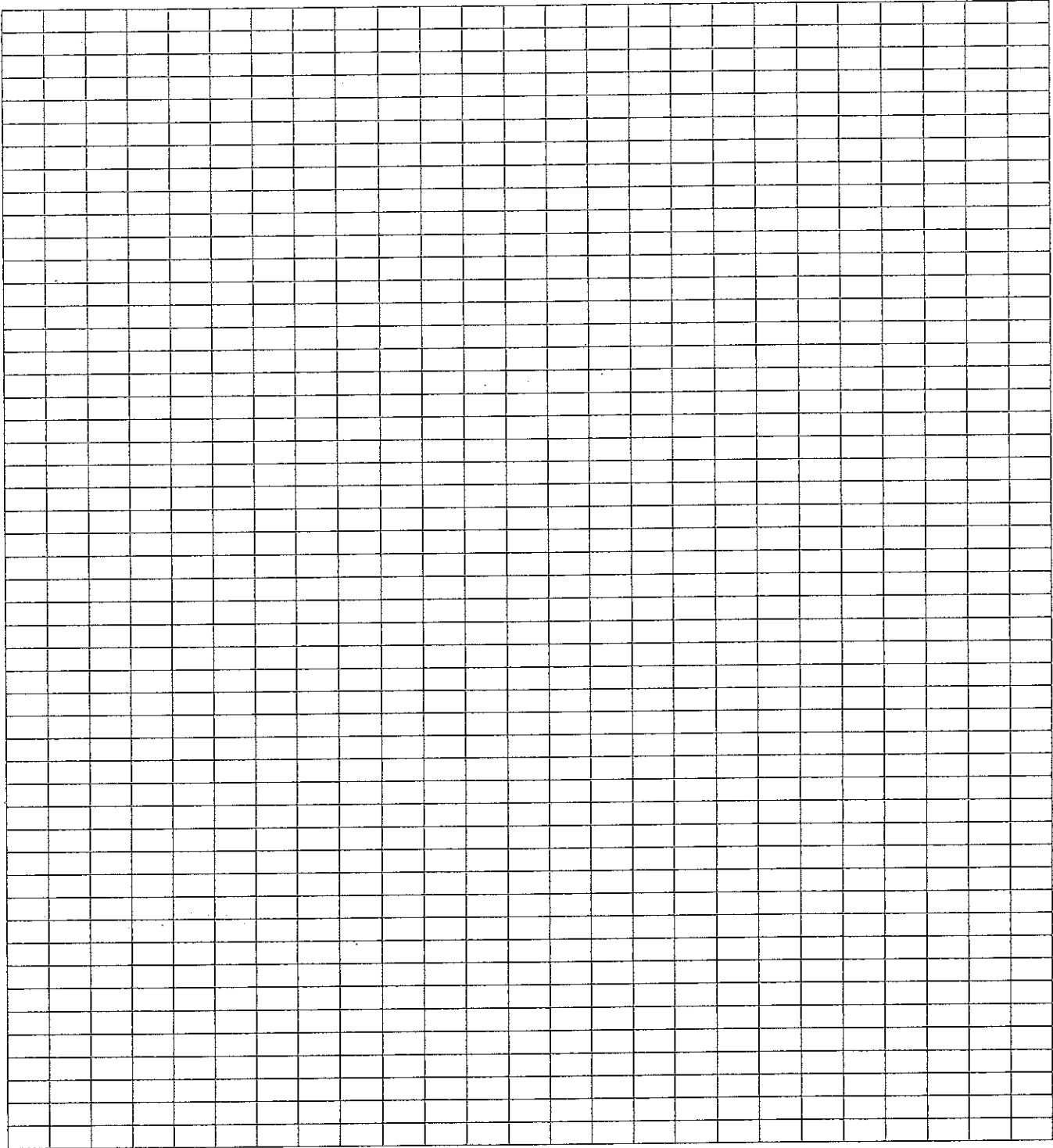
Not Approved

Reason Not Approved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Diagram of proposed addition:** Show location of current septic system, and its distance from existing or proposed structure. Sketch and size the perimeter of the structure. Show reserve area, footing or ground water drains, easements, well location and lot dimensions, attached and detached buildings or other structures (pools, decks, sheds, etc.) Indicate if areas of the lot will be regraded. *If proposal is for a pool, show method of backwash for filter.*



I attest that the above information is accurate to the best of my knowledge.

Owner or Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_