



TOWN OF MADISON  
**Health Department**

8 Campus Drive, CT 06443 • Telephone: (203) 245-5618 • Fax: (203) 245-5613 • www.madison.org

**APPLICATION FOR BUILDING CONVERSION, BUILDING ADDITION  
OR ACCESSORY STRUCTURE (CT PHC Section 19-13-B100a)**

**NOTE:** A SCALED DIAGRAM OF THE PROPOSED ADDITION OR ACCESSORY STRUCTURE IN RELATION TO EXISTING STRUCTURES, PROPERTY LINES, SEPTIC SYSTEM AND OTHER DRAINAGE STRUCTURES, AND WATER SOURCE MUST BE SHOWN ON BACK OR ATTACH DETAILED PLOT PLAN. PROPOSED BUILDING PLANS MUST ALSO BE SUBMITTED WITH THIS APPLICATION.

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Email: \_\_\_\_\_

**TYPE OF APPLICATION:**

- \_\_\_\_\_ Building Conversion, Change in Use (Winterization)
- \_\_\_\_\_ Building Addition
- \_\_\_\_\_ Interior Renovations Only
- \_\_\_\_\_ Accessory Structure (Deck, attached/detached garage, below/above ground pool, shed)
- \_\_\_\_\_ Lot division, Lot Line change, Lot Reduction

**GIVE A BRIEF DESCRIPTION OF PROPOSED ADDITION** (Performing winterization; type, size, and number of rooms being added; square footage of house addition; and, type and size of structures to be added, etc.)

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

**EXISTING STRUCTURE**

Residential \_\_\_\_\_ Non-residential \_\_\_\_\_ If non-Res. Describe: \_\_\_\_\_  
Number of Existing Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_  
Approximate Existing Floor Area (in sq. ft.): \_\_\_\_\_ Approximate Proposed Floor Area: \_\_\_\_\_  
Water Supply: Private Well \_\_\_\_\_ Public Water \_\_\_\_\_ (**check the appropriate**)

**EXISTING SEPTIC SYSTEM**

Year System was installed? \_\_\_\_\_  
New \_\_\_\_\_ Repaired \_\_\_\_\_ or *Unknown* \_\_\_\_\_ (**check the appropriate**)  
Size of Septic Tank: \_\_\_\_\_ gals. Size and Type of Leaching System: \_\_\_\_\_  
Has any soil testing been performed on the property? \_\_\_\_\_ (Y or N)

**Signed:** \_\_\_\_\_  
(Owner or Duly Authorized Representative)

**Diagram of proposed addition:**

Note: 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.**

**Signature of owner or authorized representative \_\_\_\_\_**