Office Use Only:
Fee:
Pay Type:
Check#:
Permit:

TOWN OF MADISON - HEALTH DEPARTMENT

8 Campus Drive, Madison CT 06443 Telephone (203)245-5681 Fax (203)245-5613 www.madisonct.org

SEPTIC PLAN REVIEW APPLICATION

Please provide a scaled site plan of the property with an accurate parcel address (two copies if state review is required) Please submit building plans including floor plans of all levels and all structure.

Date: _____ Address: _____
(Street Address Or Subdivison and Lot Number)

Owner's Name: _____ Telephone: _____

Residential: Number of Bedrooms _____ *Other (type of Building) Describe*: _____

Additional Info: _____

_____

_____

WATER SUPPLY: *(check one)* Private Well _____Public Water ____

_____ Septic Design Plan – Lot development Plan review (incl. 1st revision) $150.00
_____Subdivision plan plan review (per lot) $100.00
_____ Additional Plan Review $75.00

I certify that I am the owner of this property or the legal representative of the owner:

Print Name: _____ Signature: _____

Name of Applicant: _____
Address: _____
Phone: _____ Email: _____