



BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, CT 06801
(203)794-8539 (P) 203-294-8145 (F) bethelhealth@bethel-ct.gov

Health Additions, Accessory Structure and Utilities Application

Application Number: _____ Submission Date: _____

Property Address _____ Map/Block/Lot #: _____

_____ Applicant _____

Applicant's Address: _____ Phone Number _____

Email Address: _____

Owner (if different than applicant): _____

Owner's Address (if different than applicant): _____

Type of Construction:

- Addition Barn Conversion Deck Garage (Attached)
- Garage (Detached) Gazebo Hot Tub Pool (Above ground)
- Pool (Below Ground) Shed Sunroom/Screened in Porch
- Other

If other, explain _____

Project Dimensions: L _____ x W _____ x H _____

Total Number of Existing Bedrooms: _____

- Served by: Well Public Water Public Sewer Community Well
 Septic System Groundwater, yard, cellar, roof, drains

APPLICANT DESCRIPTION OF PROPOSED CONSTRUCTION ACTIVITY AND DESCRIBE BASE OF STRUCTURE, i.e., SLAB, PIERS, CRAWL SPACE OR FOUNDATION:

SKETCH FORM (Required Information)

PLEASE PROVIDE THE FOLLOWING INFORMATION: (Information needed for processing)

DISTANCE FROM CLOSEST EDGE OF PROPOSED PROJECT TO SEPTIC TANK: _____

DISTANCE FROM PROPOSED WORK TO EXISTING SEPTIC SYSTEM: _____

DISTANCE FROM PROPOSED WORK TO AREA ON PROPERTY THAT CAN BE USED FOR SEPTIC REPAIR: _____

DISTANCE FROM PROPOSED WORK TO WELL AND/OR WATER SUPPLY: _____

Note: Identify above that your project meets the Public Health Code separation distances. See page for Public Health Code. If you do not meet the PHC separating distances, please identify what actions are to be taken to comply for an application approval.

USE SKETCH FORM or SUBMIT Scaled Plot Plan: SHOW PROPOSED WORK PROJECT LOCATION, HOUSE, WELL, SEPTIC AREAS AND DRAINS and separating distances.

(Sketch below or attach separate sheet of paper – One plan with all details)

SITE OR PLOT PLAN – For Applicant's use

Applicant Signature

Date

(By signing this application. I confirm above information is accurate.)

FOR OFFICE USE ONLY

Review of Property File Permits, Septic, Well, Other Records: _____

On-Site Inspection Required? _____

Date of Inspection: _____

Soil Testing Required? _____

Date of Soil Testing: _____

INSPECTOR'S ACTION:

Approval Granted

Revise and Re-submit

Approval Granted with Conditions/Provisions

Approval Denied

Local Health Official/Sanitarian

Date

Local Health Official/Sanitarian

Date



BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street,
Bethel, Connecticut 06801 (203) 794-8539

PAYSHEET FOR SERVICES RENDERED, CHECKS PAYABLE TO "TOWN OF BETHEL":

ADDRESS OF PROPERTY _____
 OWNER OF RECORD _____ PHONE NO. _____
 OWNER'S MAILING ADDRESS _____
 WATER SUPPLY: PUBLIC _____ PRIVATE _____
 SUBDIVISION NAME _____ NO OF LOTS _____
 APPLICANT'S NAME _____ PHONE NO _____
 APPLICANT'S MAILING ADDRESS _____
 APPLICANT'S SIGNATURE _____ DATE _____

OFFICE USE ONLY, FEES PAYABLE AT TIME OF APPLICATION			
<input type="checkbox"/>	No. 200	Well	\$100.00
<input type="checkbox"/>	No. 200.1	Well Abandonment	\$65.00
<input type="checkbox"/>	No. 201	New residential septic	\$200.00
<input type="checkbox"/>	No. 202	Enlarge residential septic	\$75.00
<input type="checkbox"/>	No. 203	Repair residential septic	\$100.00
<input type="checkbox"/>	No. 204	New commercial septic	\$300.00
<input type="checkbox"/>	No. 205	Enlarge commercial septic	\$300.00
<input type="checkbox"/>	No. 206	Repair commercial septic	\$250.00
<input type="checkbox"/>	No. 207	Engineer System Plan Review/B100a	\$175.00
<input type="checkbox"/>	No. 207.1	Licensed Installer/Other Repair Plan Review	\$150.00
<input type="checkbox"/>	No. 207.2	Licensed Installer/Other B100a Plan Review	\$100.00
<input type="checkbox"/>	No. 208	Lot Testing – New, Repair, B100a Compliance	\$125.00/lot
<input type="checkbox"/>	No. 209	Subdivision lot testing, single existing lot split	\$125.00/lot
<input type="checkbox"/>	No. 209.1	Subdivision testing per lot up to 2000g/day	\$175.00/lot
<input type="checkbox"/>	No. 209.2	Subdivision testing per lot >2000g/day	\$225.00/lot
<input type="checkbox"/>	No. 210.3	Other technical review	\$150.00
<input type="checkbox"/>	No. 210.4	Additional review	\$75.00
<input type="checkbox"/>	No. 210.5	Water Treatment Wastewater application/plan review	\$50.00
<input type="checkbox"/>	No. 211	Review documents/files, technical evaluation, provide letter	\$100.00
<input type="checkbox"/>	No. 222	Review of Interior Renovations/Additions/Decks/ Below ground pools/accessory application	\$70.00
<input type="checkbox"/>	No. 222.1	Review of Permits for sheds, above ground pools, patios, , etc	\$50.00
<input type="checkbox"/>	No. 227	Administrative fee for Applications/Plan review – for work done without permits	Double original fee

AMOUNT PAID: \$ _____ CHECK #: _____ DATE: _____

NOTE: PAYMENT FOR LOT TESTING MUST BE RECEIVED PRIOR TO DAY OF TEST

EFFECTIVE January 1, 2019



BETHEL HEALTH DEPARTMENT

ADDITIONS ACCESSORY STRUCTURE AND UTILITIES ONLINE APPLICATION (Deck, Shed, Pool, Additions, Detached Garage, etc)

PLEASE READ THIS BEFORE YOU BEGIN THE ONLINE HD-ADDITIONS ACCESSORY STRUCTURE AND UTILITIES APPLICATION

THIS APPLICATION DOES NOT APPLY IF YOUR PROPERTY IS CONNECTED TO PUBLIC WATER AND PUBLIC SEWERS

You must have your project details, plans and drawings available in electronic format (such as .doc, .docx, .pdf) to proceed with City Squared online application.

Public Health Code Section 19-13-B100a:

- The overall goal of this regulation is to prevent people from over-building on their land. This may result in not having enough room to repair their septic system to meet all Public Health Code Regulations. The Connecticut Public Health Code requires evaluation of technical data in our files or the conducting of lot soil testing to show how your lot can support a septic system in the future. The regulation also requires new additions be properly spaced from existing septic systems. A technical review of your application and existing records will determine if soil testing is needed. **For more information, see link: [PHC Regulation 19-13-B100a 2024](#)**

Please complete application tabs and upload the following information in electronic format (.doc, .docx, .pdf) to complete the HD-ADDITIONS ACCESSORY STRUCTURE AND UTILITIES ONLINE APPLICATION:

- A plan (plot plan drawn to scale 1 inch = 20 feet preferable) to show the location of the proposed project and its edge-to-edge separating distances to the house, well, septic tank, leaching fields and closest property lines.
- Measured distances between each item to demonstrate 19-13-B100a compliance:
 - o Distance from closest edge of proposed project to septic tank;
 - o Distance from proposed work to existing septic system;
 - o Distance from proposed work to area on property that can be used for septic repair;
 - o Distance from proposed work to well and/or water supply
- Project structure technical details (example: building construction plans)
- House Plans-If proposing an addition to an existing structure and/or an accessory structure with living area and/or adding a bathroom or a new room to your existing home, provide a sketch of the existing floor plan and a sketch of the proposed floor plan with changes and showing all rooms.

To submit, please certify and sign (subscribe) the application. *Incomplete information will delay processing of your application. BHD will contact you if the application is incomplete and requires additional information to continue the process.* BHD staff will determine the fee and an invoice will be sent to you via email. Payment of fee by credit card (online) and/or cash or check via office drop off is required. Applications will not be approved until payment is received.

Permit applications may be submitted simultaneously to the Planning and Zoning, Public Works and Health Departments as applicable. When each Department approves their application, the approval is automatically forwarded to the Building Department. After all applicable permits are received, the Building Department will notify the applicant to proceed with submitting a Building Permit application. Building Permits are reviewed and if/when approved, work permits will be issued for the project(s).

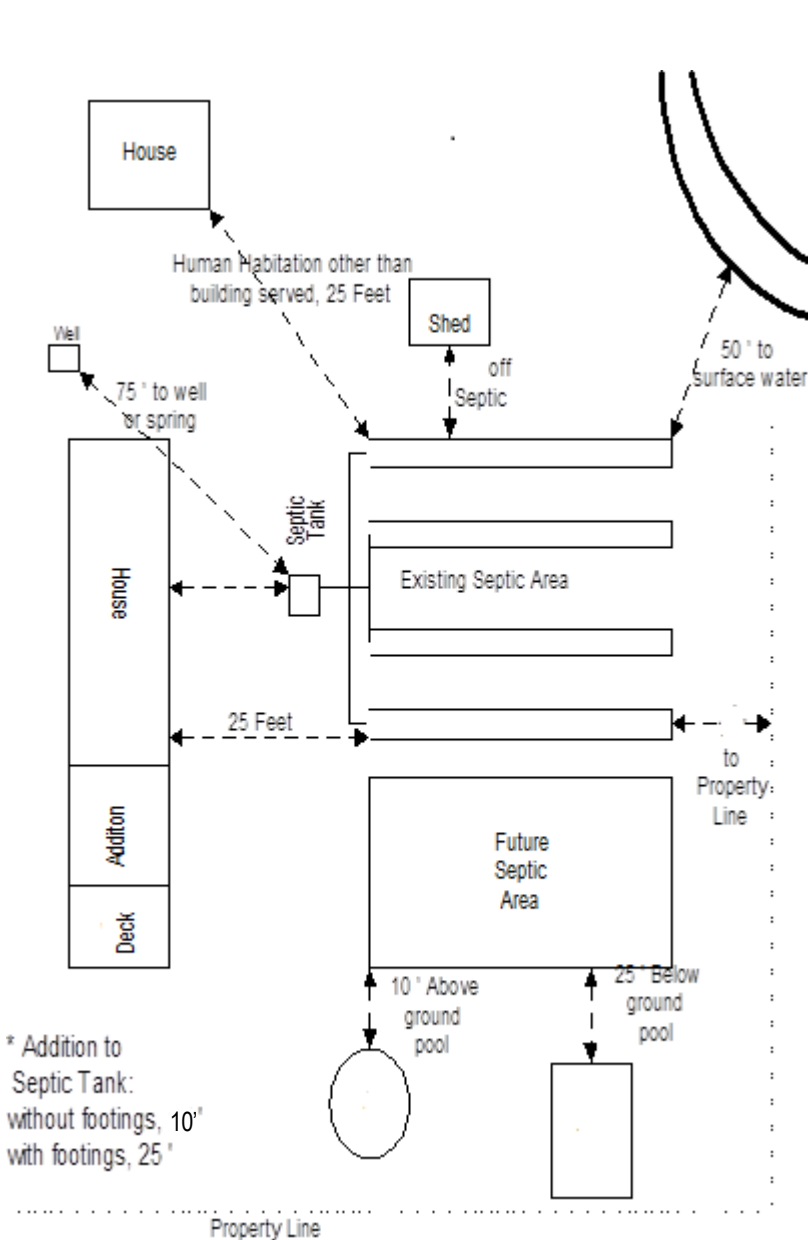
PublicHealthCodeSection19-13-B100a

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PUBLIC INFORMATION ON CURRENT SEPARATING DISTANCES REQUIRED BY THE PUBLIC HEALTH CODE



	ITEM	SEPARATING DISTANCE
A	Well, spring or domestic water suction pipe Required withdrawal rate: under 10 gal per minute 10 to 50 gal per minute over 50 gal per minute	75' 150' 200'
B	Building served (Additions) Without footing drains With foundation footing drains	10' 25'
C	Any open water course	50'
D	Public water supply reservoir	100'
E	Solid piping for the conveyance of Surface or ground water drainage If constructed of tight pipe	25' 5'
G	Groundwater Intercepting drains Footings or foundation drains located Up gradient from leaching system Down gradient of system	25' 50'
I	Top of embankment	10'
J	Property line up-gradient/on sides Down-gradient (down slope) See SSDS Technical Table 1 for details of further reduction to 10'	15' 25'
K	Potable water line which flows under pressure	10'
L	Below ground swimming pool	25'
M	Above ground swimming pool	10'
N	Decks on piers Sheds – See Tech Stds for options	5' 5'
O	Utility service trench (underground electric, gas, phone cable TV etc.)	5'

* See CT Public Health Code ON-Site Sewage Disposal Regulations Technical Standards (pp14-15) for all separating distances required.)