



TOWN OF RIDGEFIELD
Health Department

**REVIEW OF BUILDING APPLICATION FOR CONVERSION, BUILDING ADDITION,
ACCESSORY STRUCTURE CHANGE OR CHANGE OF LOT LINE**

NOTE: A scaled diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on an **A2 survey** (if applicable). Proposed **building plans** must be included for permit approval.

Any false or inaccurate information will void approval.

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ **Email:** _____

Job Site Address: _____

Type of Application:

- ☐ Building Conversion, Change in Use, Adding Bedrooms, Increasing Design Flow, Basement
☐ Building Addition
☐ Accessory Structure, Shed, Garage, Pool/Tub, Deck. If shed, permanent foundation? ☐ **Yes** ☐ **No**

Work Description including Dimensions:

Existing Structure:

☐ Residential ☐ Non-Residential ☐ Other _____

Number of Existing Bedrooms _____ Number of Proposed Bedrooms _____

Number of Oversized Tubs (>99 gals.) _____ Gallons _____

Approx. Existing Floor Area (sq. ft.) _____ Approx. Proposed Floor Area _____

Footings or Foundation Drains Present? ☐ Yes ☐ No

Water Supply: ☐ Private Well ☐ Public Water ☐ Community Water

Sewage Disposal: ☐ Septic System ☐ Sewer

Swimming Pool-Filter Type ☐ Rapid Sand ☐ Cartridge ☐ DE

Existing Septic System:

Year System Installed _____ ☐ New ☐ Repair Size of Septic Tank _____ gals.

Size and Type of Leaching System: _____

Curtain Drain? ☐ Yes ☐ No Has any soil testing been performed on property? ☐ Yes ☐ No

If Yes, when and by whom? _____

Signature: _____ **Date:** _____

Owner or Authorized Representative