



APPLICATION FOR PLAN REVIEW

Please submit this application with fees to the Eastern Highlands Health District office for your town. No plan will be received by the Health District without a completed application and fee.* Initial review time is 10 working days (one lot). Review time for subdivision is 10 – 15 working days.

TYPE OF REVIEW: Septic Plan Review _____ \$125.00 Tank Replacement Plan Review _____ \$60.00
Subdivision Plan Review \$125.00 x Number of Lots in Subdivision _____ = Fee due _____

Location of Property _____ / _____	
Street _____	Town _____
Street Number _____ Lot Number _____	Or Assessor's Map/Block/Lot# _____
If Review For Subdivision, Proposed Name: _____	
If no street number or lot number is available, assessor's map/block/lot number MUST be provided.	

*Applicant/Contractor Name (if different than owner) License number Email Address Applicant (if different than owner)

Mailing Address (street address,city,zip) / Telephone

Owner Name Email Address Owner Telephone

Mailing Address (street address,city,zip)

- Occupancy Type:
- Residential ___ single family ___ two family ___ multifamily 3+ ___ Apartments
- Commercial ___ office/bank building ___ retail store/mercantile ___ warehouse/storage ___ Nursery/greenhouse
 ___ service station ___ hospital/institutional ___ parking garage ___ theatre/recreational ___ hotel/motel
 ___ restaurant
- Municipal ___ public works/utility building ___ school/educational building ___

As the property owner or duly authorized representative of the property owner for the above referenced property, I agree to permit EHHD staff to enter the above referenced property as part of this plan review process. I further agree that this authorization to enter the subject property may extend through a period of time ending with the final plan approval and affirm such with my signature below.

Signature of Applicant

(Completed application form for plan review not needed if plan is submitted as part of application to construct septic system. However, fee is still required.)

*FEES: Checks Payable to the Eastern Highlands Health District (EHHD).	
Coventry: Checks payable to Town of Coventry;	Tolland: checks payable to Town of Tolland