



Kevin A. Elak, MPH  
Director of Health

**City of Middletown**  
Department of Health  
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**B100A APPLICATION FOR ADDITION, CHANGE IN USE, BUILDING CONVERSION  
OR LOT LINE REVISION**

**Property Owner:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_, Middletown CT 06457  
*Lot # Street Name*

**Existing Structure:**  Residential Existing Number of Bedrooms: \_\_\_\_\_  
 Non-Residential; current use: \_\_\_\_\_

Water Supply:  Private Well  City Water  
Sewage Disposal:  Septic System  Public Sewer

**Contractor/Installer:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**TYPE OF APPLICATION:**

- Building Addition  Building Conversion (winterization)  Lot Line Revision
- Detached Garage  Shed  Deck  Buried Propane Tank  Pool (In Ground or Above Ground)
- Change in Use: Residential/Commercial: Propose Use: \_\_\_\_\_

Description of the proposed addition, accessory structure or conversion  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

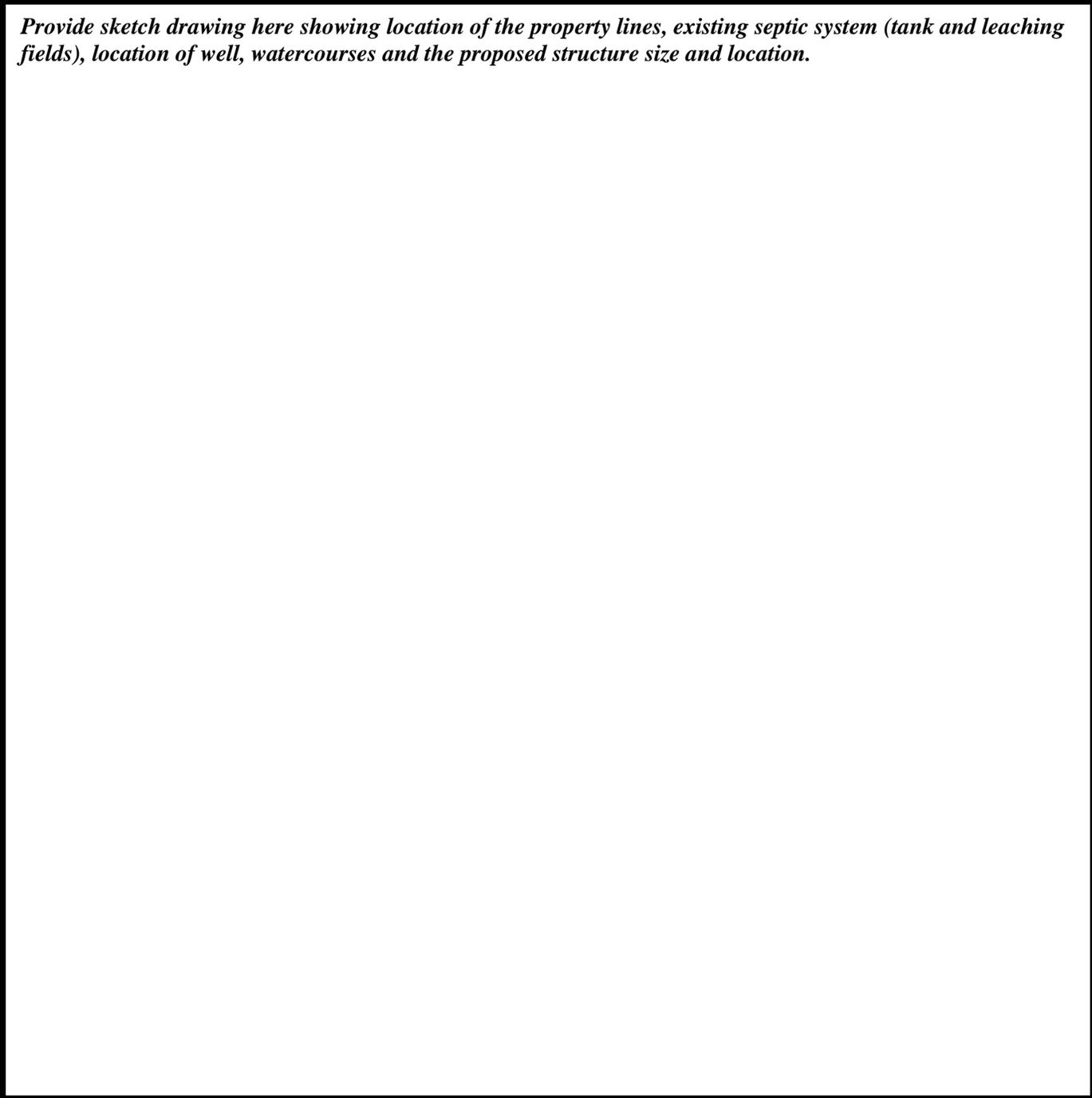
Soil Data Available:  Yes  No

**NOTE:** *If no soil data on file, testing may be required prior to approval of the proposal.*

*Please provide a sketch of the proposed work being done along with any building plans that's applicable. **Application is considered incomplete without the submittal of the proper drawing.***

(Turnover)

*Provide sketch drawing here showing location of the property lines, existing septic system (tank and leaching fields), location of well, watercourses and the proposed structure size and location.*



Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Date Received: \_\_\_\_\_ District Assigned: 1 2 3

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied