



Town of Greenwich
Department of Health
Division of Environmental Services

Application for a Permit to Construct a Sewage Disposal System

* NOTE: Permit to Construct will not be issued until both the owner and a Licensed Septic System Installer sign this application.

Location: Lot #, House #, Street Parcel Tax ID:

For a: (Residence, Pool House, Restaurant, Etc.)
Original Replacement/Addition Repair

Owner Name: Telephone #

Mailing Address

Signature Date:

Septic Installer:

Mailing Address

Telephone # License #

I understand that I may not begin this installation until I have received a hardcopy of the Permit to Construct and approved plan(s) from the Greenwich Department of Health and that I am required to contact the Greenwich Department of Health and provide twenty-four (24) hours notice prior to the commencement of this installation.

Signature: Date:

Design Engineer: Phone:

Mailing Address:

Please check whether this project is a:

New House () How many bedrooms proposed () OR an
Existing House () No. of existing bedrooms () Adding () TOTAL = ()
If Non-Residential, Design Criteria (No. Gallons per day per person, etc.)

Septic Tank: Existing Gals. Proposed Gals. Pump Chamber Gals.
Leaching Fields: Sq. Ft. Leaching Area Proposed

Factors that require an increase in Septic Tank size

Large Tub (>100gal)? Yes / No If Yes, Size (gal.) Garbage Disposal? Yes / No

Raw Sewage Pump? Yes / No If Yes, % Flow Received

Water Supply: Public Private Well Public Water Supply Watershed

Designated Wetlands on Property Flood Zone

Distance to Public Sewers (Greenwich Municipal Code Article B, Section 4-88 Sewage Disposal)

NOTE: Project not approved until Permit to Discharge is issued on basis of satisfactory final installation plan and inspection.

For Office Use Only:

Exhibits: Review Date:

Examined By: * This approval is valid for 12 months from date of original issuance and is subject to State and Local Code revisions prior to issuance of permit to construct.