



**TOWN OF GUILFORD HEALTH DEPARTMENT**  
**Application for B-100a**

**Note:** A diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on attached detailed plot plan. Proposed building plans must also be submitted with this application. Submit any/all septic system information and soil testing available for the subject property.

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Address: \_\_\_\_\_

Applicant Phone # \_\_\_\_\_ Applicant Email \_\_\_\_\_

Existing Structure: Residential \_\_\_\_\_ **Number of Bedrooms** \_\_\_\_\_

Non-Residential \_\_\_\_\_ Describe \_\_\_\_\_

Water Service: Well  Public  Year Septic System Installed: \_\_\_\_\_

**Type of Application:**

Building Conversion (Winterization)

Change in Use (Addition of Bedrooms etc.) Existing Bedrooms \_\_\_\_\_ Proposed Bedrooms \_\_\_\_\_

Building Addition Existing sq.ft \_\_\_\_\_ Proposed sq.ft \_\_\_\_\_

Accessory Structure, ex. Garages, Pools, Sheds, Decks.

Lot Division, Lot Line Change, Lot Reduction

**Give a brief description of proposed application:**

\_\_\_\_\_  
\_\_\_\_\_

Print: \_\_\_\_\_ Sign: \_\_\_\_\_  
(Owner or authorized agent)

**This page for Health Dept. Use Only**

**Building Conversion, Change in Use:**     Applicable

Has a code complying area been determined for this property?    Yes    No

Will the proposed change result in greater than 50% increase in design flow?

• If yes, will the property owner be required to expand the existing septic system?    Yes    No

**Building Addition:**     Applicable

Has a code complying area been determined for this property?    Yes    No

If a code complying area is not found, does the application meet the following conditions?    Yes    No

1. Replacement area provides 50 % of effective area
2. Replacement area provides 50% of MLSS requirement
3. No exception(s) to well separation distance is required
4. The addition does not reduce the potential repair area
5. The addition does not increase the design flow of building

Will the proposed change result in greater than 50% increase in design flow?    Yes    No

If yes, will the property owner be required to expand the existing septic system?    Yes    No

**Accessory Structure:**     Applicable

Has a code complying area been determined for this property?    Yes    No

If a code complying area is not found, does the application meet the following conditions?    Yes    No

1. Accessory structure, etc. does **not** reduce the potential repair area and the separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements.

**Lot Division, Lot Line Change, Lot Reduction:**     Applicable

Has a code complying area been determined on the lot containing the existing building and has a code complying primary and reserve are been determined for the new lot?

Will the septic system be repaired:    Yes    No

Approved     Not Approved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_