



Application #: \_\_\_\_\_

Town of Brookfield  
Health Department  
Tel: 203-775-7315 Fax: 203-740-7677

Application for a **Permit to Construct** a Subsurface Sewage Disposal System

**\*Note: A Permit to Construct will not be issued until both the owner and a Licensed Septic System Installer sign this application. Installation may not begin until the Owner and/or Applicant receive a hardcopy of the Permit to Construct.**

This application is made for a Permit to Construct or Repair a Sewage Disposal System for a:

Residence \_\_\_\_\_ Store \_\_\_\_\_ Restaurant \_\_\_\_\_ Other \_\_\_\_\_

Located At: \_\_\_\_\_ Property ID# \_\_\_\_\_

Original System \_\_\_\_\_ Repair \_\_\_\_\_ Replacement \_\_\_\_\_ Addition \_\_\_\_\_

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**Owner Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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**Installer Name:** \_\_\_\_\_ **License Number** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

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Please check whether this project is a:

New House ( ) Number of Bedrooms ( ) **OR an**

Existing House ( ) No. of existing bedrooms ( ) Adding ( ) **TOTAL = ( )**

If Non-Residential, Design Criteria: \_\_\_\_\_  
(Gallons per day per person etc.)

Septic Tank: Existing \_\_\_\_\_ gals. Proposed \_\_\_\_\_ gals. Pump Chamber \_\_\_\_\_ gals.

Leaching Fields: \_\_\_\_\_ Sq. Ft. Leaching Area Proposed

Water Supply: Community Water System \_\_\_\_\_ Private Well \_\_\_\_\_ Other \_\_\_\_\_

Designated Wetlands on Property (circle one): Y or N

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

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**This Section For Office Use Only:**

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

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