



Northeast District Department of Health
 69 South Main Street, Unit 4
 Brooklyn, CT 06234
 Phone - 860-774-7350 / Fax - 860-774-1308
www.nddh.org
 Office Hours: Monday - Friday 7:00 am – 4:00 pm

B100a /Change in Use Application

To conform to PHC 19-13-B100a – Building Conversions/Changes in Use, Building Additions,
 Garages/Accessory Structures, Swimming Pools, Sewage Disposal Area Preservation
 (See Reverse Side for Instructions.)

Town: _____ Street #: _____ Street: _____
 Assessor's Map: _____ Block: _____ Lot: _____ Dev. Lot : _____ Lot Size: _____

Legal Owner: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Year Built: _____ No. of Bedrooms: _____

Proposal for Change: _____

Agent for Owner: _____

Agent's Mailing Address: _____

Town: _____ State: _____ Zip: _____

Agent's Phone Number: _____

Signature of Legal Property Owner: _____ Date: _____

PROPERTY OWNER: By signing above, you certify that the information provided is a true and accurate description of the addition, accessory structure, or pool.

No services will be rendered until payment is received. Do not fax, return by mail. In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

NDDH Use Only

File #: _____ B100a/Change in Use Fee: _____

Name ID #: _____ Receipt # _____ Check # _____ Date: _____