



Town of Darien

Health Department

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Application for Plan Review and Approval

Location: _____

Owner: _____ Email: _____

Mailing Address: _____

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Type of review requested:

Septic Plan Review...\$300

B100a Code Compliance Review...\$200

Please submit with this form:

- one copy of the building plan (for new construction and/or B100a review)
- two copies of the septic system design
- the appropriate fee

Plan Prepared by: _____

Plan Date: _____ Most Recent Revision Date: _____

Builder: _____ Phone: _____ Email: _____

Installer: _____ Phone: _____ Email: _____

Potable water provide by: public water private well Water Treatment, if any _____

Number of Bedrooms: _____ Design Flow: _____ Garbage Disposal: yes no

Any Large Tubs over 100 gallons: yes no Geothermal wells proposed: yes no

For Repairs Only: Any exceptions to Technical Standards Needed? yes no

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I hereby certify that I am the owner or have been authorized to represent the owner of the above property.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____ Email: _____