



# City of Meriden, Connecticut

DEPARTMENT OF HEALTH & HUMAN SERVICES

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## **PERMIT TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM**

Permit # \_\_\_\_\_

Fee \$150 (new) \_\_\_\_\_

Location: \_\_\_\_\_  Residence  Commercial  
# of Bedroom \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Installer name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## **SYSTEM DESIGN**

Size of septic tank: \_\_\_\_\_ Pump Size (if require): \_\_\_\_\_

Public water or well: \_\_\_\_\_ Total Square Footage of Leaching: \_\_\_\_\_

Type of Leaching System: \_\_\_\_\_ Date of Approved Plan: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

Any Changes in design or location must have prior written approval by this department. Permit is valid for **ONE** year from date of issuance and is **NOT** transferable to any other person/location.