



**TOWN OF GUILFORD**  
**HEALTH DEPARTMENT**  
 50 BOSTON STREET – TOWN HALL SOUTH  
 GUILFORD, CONNECTICUT 06437

Sonia Marino, MPH  
 Director of Health  
 (203) 453.8118  
 FAX: (203) 453.8034

App # \_\_\_\_\_

**Fee \$50.00**

## Engineer Plan Review Request Application

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Project <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	Street Address	UNIQUE ID # (UID)
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Please provide a brief description of the project and work to be conducted

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<b>TYPE OF REVIEW</b>	<input type="checkbox"/> New Construction <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<b>Required Supplemental</b>	
	<input type="checkbox"/> Building Permit Application NO. (if applicable) _____		<input type="checkbox"/> Residential - # of Bedrooms _____
	<input type="checkbox"/> Repair - Sewage Disposal System <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Non-Residential # of Employees _____
	<input type="checkbox"/> Property Line Revision		<input type="checkbox"/> Septic Tank Size _____ Gallons _____
	<input type="checkbox"/> Subdivision/New Lot		Type of Water Supply <input type="checkbox"/> Well <input type="checkbox"/> Public

- I, THE APPLICANT/REPRESENTATIVE
- I, THE PROPERTY OWNER/AUTHORIZED AGENT

HEREBY CONSENT THAT I HAVE REVIEWED THIS APPLICATION AND THE ATTACHED MATERIAL AND THAT THE PROVIDED INFORMATION IS ACCURATE

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

- Rejected based on the reasons noted on the attached notice
- Approved (May be approved subject to the conditions noted on attached notice)

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_