

NORFOLK BOARD OF HEALTH PROJECT EVALUATION FOR BUILDING PERMIT FOR DWELLING ADDITIONS, ALTERATIONS, AND RENOVATIONS -OR POOLS AND SHEDS

DATE: _____ DATE RECEIVED: _____ FEE PAID: _____

PROJECT ADDRESS: _____

CONTRACTOR'S NAME: _____ TELEPHONE #: _____
PRINT OR TYPE

CONTRACTOR'S ADDRESS: _____
STREET ADDRESS TOWN STATE ZIP

OWNER'S NAME: _____
PRINT OR TYPE

OWNER'S SIGNATURE: _____ TELEPHONE #: _____

PROJECT DESCRIPTION: _____

Is there a change in the building footprint? (check) Yes _____ or No _____

How many rooms are in the house? Do not count bathrooms, closets, hallways, unfinished cellars, and unheated storage areas over garages.

Existing total number of rooms? _____ Number of rooms to be added? _____

Existing number of bedrooms? _____ Number of bedrooms to be added? _____

If any new rooms are created, you must provide a neat sketch of the floor plan of the **entire existing** structure before and after the addition. Is this provided? _____

What is the area in square feet of interior addition or exterior change in footprint? _____ square feet

Is the property located in the Zone II of the Public Water Supply or in an area served by Private Wells? _____

- _____ Property Lines
- _____ Existing structure(s) footprint (labeled)
- _____ Proposed structure(s) or pool or shed footprint (labeled)
- _____ Location of septic tank and leaching area or cesspool (labeled)
- _____ Location of subsurface expansion area (labeled)
- _____ Type of foundation of addition (check one):
 - _____ Full Basement
 - _____ Slab
 - _____ Posts or columns

_____ Setback of addition, pool or shed to septic tank and leaching area or cesspool (labeled)

BOARD OF HEALTH ACTION (to be completed by Board of Health office)

DATE: _____ APPROVAL _____ DISAPPROVAL _____

REASON FOR DISAPPROVAL OR OTHER COMMENTS OR CONDITIONS: _____

By: _____
Wade D. Saucier, R.S., C.H.O., AGENT