

**WARE BOARD OF HEALTH**  
**PROJECT EVALUATION FOR BUILDERS PERMIT**  
**ADDITIONS, ALTERATIONS AND RENOVATIONS**

**USE THIS FORM ONLY WITH PRIVATE SEPTIC – NOT FOR USE WITH TOWN SEWER**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_ TEL # (\_\_\_\_) \_\_\_\_-\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Existing Number of Rooms \_\_\_\_\_ Existing Number of Bedrooms \_\_\_\_\_

Number of Rooms ADDED \_\_\_\_\_ Number of Bedrooms ADDED \_\_\_\_\_

\_\_\_\_\_ (If any new rooms are created, provide a neat sketch of complete floor plans of the structure BEFORE and AFTER the addition. Label each room.)

Area in square feet of addition \_\_\_\_\_

OWNER'S NAME (print or type) \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ TEL # (\_\_\_\_) \_\_\_\_-\_\_\_\_

A neatly drawn to scale plot plan must be submitted with this request showing:

- \_\_\_\_\_ Existing structure footprint
- \_\_\_\_\_ Proposed structure footprint
- \_\_\_\_\_ Location of septic tank and leaching area or cesspool
- \_\_\_\_\_ Location of septic reserve area
- \_\_\_\_\_ Type of foundation of addition
  - \_\_\_\_\_ Full basement
  - \_\_\_\_\_ Slab
  - \_\_\_\_\_ Posts or columns
- \_\_\_\_\_ Setback of addition to septic tank, leaching area or cesspool

**BOARD OF HEALTH ACTION**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ APPROVAL \_\_\_\_\_ DISAPPROVAL \_\_\_\_\_

REASONS FOR DISAPPROVAL OR OTHER COMMENTS OR CONDITIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BY (agent) \_\_\_\_\_