



*Department of Health*  
*Griswold / Lisbon / Voluntown*  
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**APPLICATION FOR PLAN REVIEW**

*(Revised June 30, 2009)*

Property Location: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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

Surveyor/Engineer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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

**Site Testing:**     New System     Subdivision

Number of Lots/Systems being tested \_\_\_\_\_ x \$ \_\_\_\_\_ per lot = \$ \_\_\_\_\_

**Plan Review:**     New System     Subdivision

Number of Lots/Systems being tested: \_\_\_\_\_ x \$ \_\_\_\_\_ per lot = \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**BELOW THIS SECTION AUTHORIZED OFFICE USE ONLY**

TOTAL FEE DUE: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Initial Receipt: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt #: \_\_\_\_\_