



PAID WESTPORT WESTON HEALTH DISTRICT

SEP 13 2024 180 Bayberry Lane, Westport, CT 06880-2855 Telephone: (203) 227-9571

Fee is non-refundable.

\$ 220 Initials: MR

ASPETUCK HEALTH DISTRICT

HLTH-2024-00298

APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE

Date: 9/13/24 Owner's Name: Siho Ham

Property Address: 4 Primrose Lane Westport, CT 06880 Tel. No.: 917-992-9108

Type of Application: [] Building Addition [] Renovation [x] Accessory Structure (Deck, Garage, Porch) [] Building Conversion, Change in Use (Winterization)

Give a Brief Description of Proposed Application: (Performing winterization; type and number of rooms being added; square footage of house addition, type of structures to be added, and foot print change, etc.)

New Inground gunite pool 20' x 40' with autocover, pool patio, Backer-wall, drainage

Addition/Renovation: No. of bedrooms: No. of bathrooms: No. water use fixtures: Increase in house footprint? [] Yes [] No No. of other rooms: No. of tubs more than 99 gal.: Heat? [] Yes [] No Approximate proposed increase in floor area (in Sq. Ft.) Are footing or foundation drains required? [] Yes [] No

Existing Structure: [x] Residential [] Non-Residential (Describe): No. of bedrooms: 5 No. of bathrooms: 4.5 No. of oversized tubs (>99 gal.): 0 Approximate floor area (in Sq. Ft.): Water supply: [] Private well [x] Public water Footing or foundation drains present? [] Yes [] No

Existing Septic Year system was installed? 2020 [x] New [] Repair Public sewer available? [] Yes [x] No Size of septic tank: 1500 gals. Size and type of leaching system: 60Lm ft Alien Mantis Force Curtain drain? [] Yes [] No Has any soil testing been performed on the property? [x] Yes [] No

If yes, when and by whom? 2020 Justin Giordano Owner or Duly Authorized Representative (Print) Franco Ferraro Contact Phone Number: 203 852-1242 Signed: [Signature] 9/13/24 Date

WWHD REMARKS:

- Compliance with 19-13-B100a required..... [] Yes [] No
Possible storm drainage structure required by Engineering..... [] Yes [] No
Soils evaluation required..... [] Yes [] No
SSDS proposal required..... [] Yes [] No
Wetlands..... [] Yes [] No [] Don't know

Comments: NO drains on walls

APPROVAL: Approved: [Signature] DATE: 9/30/24

Table with 2 columns: Final Inspection, Final Inspection/Final Approval. Includes checkboxes for 'Yes' and 'No' and fields for Sanitarian and Date.