

Town of Bethlehem Septic-System Ordinance Application

The Bethlehem Septic System Ordinance (“Ordinance”) was developed to protect drinking water, ponds and streams from harmful pollutants. The Ordinance exceeds the requirements set forth by the State of Connecticut and therefore, obtaining approval from the Torrington Area Health District (“TAHD”) does not guarantee compliance or exempt property owners from compliance with this Ordinance.

This Ordinance applies to the construction of certain single-family and multi-family dwellings and all commercial, industrial, institutional and any other structure or land use *where a private subsurface sewage disposal system is required*.

If the Bethlehem Planning Commission determines that a Special Septic-System Permit is required, the Building Official **cannot** issue a building permit until the applicant is in compliance with the requirements of the Ordinance (see section 109-5(C)).

Special Septic-System Permit Application Procedure:

1. Complete the Special Septic-System Permit Application
2. Attach a check for \$1,000 made out to the Town of Bethlehem
3. Additional attachments that must be submitted with the application (unless the Planning Commission has provided direction otherwise)
 - a. Site plan (prepared in accordance with Section 2.3.3 of the Town of Bethlehem Subdivision Regulations) and an A-2 survey
 - b. Bethlehem Inlands Wetlands Agency application approval
 - c. Torrington Area Health District approval for proposed activity
 - d. Written consent of owner(s) of the record title to subject land (if necessary)
4. Submit the Application and the check to the Planning Commission at a meeting, by mail or drop it off with the Town Clerk. Town Hall address: 36 Main Street, PO Box 160, Bethlehem, CT 06751
5. Your Application will be presented to the Bethlehem Planning Commission at the next regularly scheduled meeting (the Planning Commission meetings are scheduled on the second Thursday of each month at 7:00 PM). You are encouraged to attend the meeting to discuss your site plan map, but it is not required that you attend.
6. The Planning Commission will review the Application and confirm all information is complete. When the application is complete, the Planning Commission will make a decision regarding which professional engineer will be hired to review the analysis. This decision is made with a majority vote of the Planning Commission.
7. Chapter 109-5(A) states “Prior to conducting any testing or data collection required for the renovation analysis, the applicant must provide adequate notice To the Commission’s chosen engineer to allow that engineer to observe all pertinent data collection...”
8. The Planning Commission will approve or deny the Septic-System Permit based on the professional engineer’s review, and will notify the applicant.

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Application**

Please complete and sign the Septic-System Ordinance Application form below. Attach the required documentation as indicated in the Application Procedures and summarized in question 13 of the Application form.

Special Septic-System Permit Application	
1. Applicant	
Name:	Address:
Telephone:	
2. Name of agent (if applicable):	
Telephone:	
3. Holder of Record Title	
Name:	Address:
Telephone:	
4. Surveyor	
Name:	Address:
Telephone:	
5. Engineer	
Name:	Address:
Telephone:	
6. Soil Scientist	
Name:	Address:
Telephone:	
7. Property Location (use adjacent road names to describe the exact location)	
8. Lot Size	
Total acreage of property =	
Net total acreage (excluding wetlands and 25% slope, refer to subdivision regulations) =	
9. Tax Assessors Designation	
Map #	Lot#
10. List adjacent property owners (include name and address)	
11. Is the parcel currently in compliance with all health, planning and building codes?	
Yes _____	
No _____ please explain:	
12. Torrington Area Health District Approval:	
Yes _____	
No _____ please explain:	
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13. Attachments:

Fee paid: Yes _____ No _____ Date submitted _____
Site plan & A-2 survey: Yes _____ No _____ N/A _____
Inlands Wetlands Agency Application approval: Yes _____ No _____ N/A _____
Torrington Area Health District approval: Yes _____ No _____
Owner consent: Yes _____ No _____ N/A _____

Signature

I hereby certify that all of the above information is accurate and true.

Applicant: _____
(Print Name) (Signature) (Date)

Representative: _____
(if not applicant) (Print Name) (Signature) (Date)

This section will be completed by the Bethlehem Planning Commission

The Bethlehem Planning Commission has reviewed the information contained in the Special Septic-System Permit Application, including the professional engineer's review, and has taken the following action:

Approved _____ Conditions of Approval, if any:

Denied _____ Reason(s) for Denial:

A decision was made by the Bethlehem Planning Commission on ____ / ____ / ____

Signature of Chairman or designee _____
Date