

North Central District Health Department

- Enfield - 31 North Main Street, Enfield, CT 06082 - (860) 745-0383 FAX 745-3188
- Vernon - 375 Hartford Turnpike, Room 120, Vernon, CT 06066 - (860) 872-1501 FAX 872-1531
- Windham - Town Hall, 979 Main Street, Willimantic, CT 06226 - (860) 465-3032 FAX 465-3012
- Stafford - Town Hall, 1 Main Street, Stafford Springs, CT 06076 - (860) 684-5609 Fax 684-1766

APPLICATION FOR GROUP HOME/HALFWAY HOUSE/SUPERVISED ROOMING HOUSE LICENSING AND RE-LICENSING INSPECTIONS

Date: _____

Business Name: _____

Name of Licensee/Applicant: _____

Address of Licensee/Applicant: _____ Emergency Phone No. _____

Location Address: _____ Town: _____ Zip Code: _____

Location Phone No. _____ Location Fax No. _____

Location Mailing Address (if different): _____

State License No. _____ Expiration Date: _____ Licensed capacity ____ No. of employees ____
(for re-licensures only) (for re-licensures only)

Please check off the requested inspection:

- New** program/licensure inspection
- Existing** program/re-licensure inspection

Water Supply: Public Water Private Well State Health Dept. Water Supply Notification

Sewage Disposal: Public Sewer Private Septic System Interior Grease Trap Exterior Grease Tank

Age of Building: _____

Lead Paint Present: Yes No Unknown

A **\$200.00** fee is due with this completed application to request an inspection. **Payment and application must be received at least two weeks prior to the anticipated inspection. This fee is non-refundable and shall be made payable to: North Central District Health Department.** I have read this form and certify that the information given on this form is true and complete to the best of my knowledge.

(Licensee/Applicant Signature)

(Date)

Office Use Only:

Fee Paid: Yes No Receipt No. _____ Check No. _____ Cash _____

Date Application Received: _____

(3/26/03)