



**Town of Brookhaven's  
Division of Environmental Protection's  
Sanitary System Review**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Phone

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Owner's Name (if not applicant)

\_\_\_\_\_  
Owner's Phone

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Agent's Phone

\_\_\_\_\_  
Agent's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Project Location:**

N S E W of \_\_\_\_\_, (\_\_\_\_\_),  
Street name Number Distance from intersection

N S E W of \_\_\_\_\_,  
Cross street name Hamlet

SCTM# 0200 \_\_\_\_\_  
Section Block Lot

**For Building Department Use Only:**

**Project Type:**

- Construction of a new Residential Dwelling (one or two family).
- Construction of an addition to a Residential Dwelling (original CO prior to 1987).
- Construction of an addition to a Residential Dwelling (original CO 1987 or later).

Addition increases floor area 10% or more or      Addition increases floor area 50% or more  
increases the number of bathrooms or bedrooms

\_\_\_\_\_  
Determined by

\_\_\_\_\_  
Date

## Initial Review

Property is NOT within the Nitrogen Protection Zone

- I/AOWTS Not Required
- I/AOWTS Required
- Wetland Permit Required
- CEHA Permit Required
- Engineering Review Required

\_\_\_\_\_  
Determined by

\_\_\_\_\_  
Date

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## I/AOWTS Review

Approved  
County Septic Approval Attached

Disapproved

- Needs County Septic Approval
- Not an Approved System
- System Name/Specifications not listed on plan.
- Other: \_\_\_\_\_

\_\_\_\_\_  
Determined by

\_\_\_\_\_  
Date