



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ENVIRONMENTAL ENGINEERING PROGRAM

APPLICATION FOR APPROVAL OF PRIVATE BURYING GROUND OR STRUCTURE

1. Address of property where Private Burying Ground is to be located:

Street: _____ Town: _____

2. Owner of property where Private Burying Ground is to be located:

Name: _____

3. Does the use of this property as a Private Burying Ground violate any local Planning or Zoning regulations: Yes No Pending (circle one)

(This Department must receive a copy of written confirmation from the local Planning or Zoning agency prior to granting approval)

4. Total size of property: _____ (Acres)

5. Size of proposed Private Burying Ground: _____ (Acres)

6. Number of Private Burying Ground plots proposed: _____

7. Number of houses located within 350 feet of proposed Private Burying Ground: _____

Provide Name and Address of each house, if any:

8. Separating distance to nearest property line from proposed Private Burying Ground:

_____ (Feet)

Provide Name and Address of neighboring properties located within 25 feet of proposed Private Burying Ground, if any:

(continued)



Phone: (860) 509-7296, Fax: (860) 509-7295
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 51SEW
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

APPLICATION FOR APPROVAL OF PRIVATE BURYING GROUND OR STRUCTURE

(continued)

- 9. I agree to arrange to have test holes dug on the property, at my own expense, and to allow the State Department of Public Health to witness the test holes in order to evaluate drainage conditions and depth to ledge rock: _____ Yes _____ No _____ (circle one)

- 10. I agree to provide a legal easement or right-of-way which will allow access from the street to the Private Burying Ground location, and to have such documents properly recorded on the deed to property: _____ Yes _____ No _____ (circle one)

- 11. I agree to record a plot plan delineating the Private Burying Ground location on the deed to the property: _____ Yes _____ No _____ (circle one)

- 12. I agree that Private Burying Ground plots shall be for family use only and that no plots shall be sold: _____ Yes _____ No _____ (circle one)

- 13. If required, I agree to publish in a local newspaper Legal Notice of Application for a Private Burying Ground with opportunity for public comment: _____ Yes _____ No _____ (circle one)

- 14. I agree to provide either a permanent fence or boundary markers delineating the Private Burying Ground location: _____ Yes _____ No _____ (circle one)

Provide comments if you answered "No" to any of the above Questions 9 thru 14:

Name of Applicant (Print): _____

Street Address: _____

City, State, ZIP: _____

Telephone #: (home) _____ (cell) _____

I hereby apply to the Connecticut Department of Public Health for approval of a Private Burying Ground or Structure as required in Section 19a-313 of the Connecticut General Statutes, and attest that all the answers provided above are completed to the best of my knowledge.

Signature of Applicant (Required)

Date