



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR APPROVAL OF CREMATORY

APPLICATION IS HEREBY MADE FOR THE ERECTION AND MAINTENANCE OF A CREMATORY TO BE LOCATED AT _____

(Name and Location of Cemetery or Site)

IN THE TOWN OF _____, UNDER THE PROVISIONS OF SECTIONS 19a-320 THROUGH 19a-324 OF THE GENERAL STATUTES OF THE STATE OF CONNECTICUT.

_____ Date _____ Applicant's Signature and Title

_____ Street _____ City/Town _____ State _____ Zip

(_____) _____ Telephone Number _____ E-mail Address

1. Date cemetery established: _____
2. Size of cemetery (acres): _____
3. Has the use been approved by local Planning & Zoning Commission? _____ If yes, provide copy
4. If not, has the Selectman, Mayor, Council or Board of Alderman approved the use? _____ If yes, provide copy
5. Was a public hearing held? _____ Date/Location: _____
6. Distance to nearest residential structure or residentially zoned land from crematory: _____
(CGS Sec. 8-2n requires that a minimum 500 foot separation distance be provided to any residential structure or land zoned for residential purposes unless such structure or land is owned by the owner of the crematory)
7. Name and mailing address of association, firm or person who will maintain and operate crematory:

8. Is the required \$1,250.00 application fee made out to Treasurer, State of Connecticut, enclosed with this application? _____
9. Have you contacted the Department of Energy and Environmental Protection to obtain permits from the Bureau of Air Management for retort emissions? _____

Note: Site plan and construction plans should be submitted with application.



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
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