

27 Main Street
P.O. Box 0548
Salisbury, CT 06068

(860) 435-5190
FAX: (860) 435-5172



TOWN OF SALISBURY
PLANNING AND ZONING COMMISSION

Number _____

APPLICATION FOR SPECIAL PERMIT

Owner of Record: Steven & Eliza McCabe
Address of Owner: 511 Huesock Rd Lakeville, CT 06039
Property Location: Tax Map # 14 Lot# 17 Land Records: Vol. 272 Page 507
Property Address: 21 Mount rys rd, Salisbury CT 06068
Acreage: .45 Zone: _____
Bounded generally on the North by: Barbara Barvoets
(Full name of owner of record. East by: Rick Michael & Samuel & James TR
Attach addition pages if needed) South by: S rign Lake LLC
West by: Barbara Barvoets
Special Permit Use Requested: Vertical addition house would grow 49"
Section _____ of the Salisbury Zoning Regulations.
Written statement of Proposed Use (4 copies): see attached
Site Plan - 4 copies (See attached sheet)
Soil Erosion and Sediment Control Plan: no impact to town road or wetlands - grass established
Approval from TAHD, WPCA, or BHC regarding sewer and water: see attached ASAP
Historic District Commission, if applicable: _____
Conservation District Commission, if applicable: _____
Preliminary Architectural Plans for Proposed structures & signs (2 copies) _____
Estimated Site Improvement Costs (other than buildings): NO cost performed by owner
Written Assurance of Bond or Letter of Credit: NO mortgage
Additional Remarks: _____
Owner's Signature: _____ Date: _____
Applicant's Signature and Title: _____
Applicant's Address and phone number: _____

Filed at the Planning and Zoning Commission Office this _____ day of _____, 20____

Fee Paid: \$360

Received By: _____
Title: _____

NOTE: One copy of the written statement of proposed use SHALL be sent to all abutting landowners by certified mail. This is the responsibility of the owner/applicant. The signed return receipts shall be submitted with this application.

Torrington Area Health District
350 Main St. - Suite A; Torrington, Ct 06790

Permit #

17770

T A H D Is A Equal Opportunity Provider
Design Review For
Subsurface Sewage Disposal System

21	Mount Riga Rd	Salisbury					
Lot #	Street #	Street Name	Town	Subdivision			
Sievert Mccabe		511 Lime Rock Rd	Lakeville		Ct.	06039	
Owner		Owner Address	Town		State	Zip	
860-480-8376							
Owner Telephone		Agent's Name					

Engineer	Engineer Address	Town	State	Zip
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This Approval Indicates That The Proposal Has Been Reviewed By The Health District And Is In Compliance With Applicable Regulations As Contained In The Public Health Code For This Project.

Plan Date:

Plan prepared by Sievert Mccabe

Plan Approval Date: July 19, 2024

Of Bedrooms:

Septic System Type

Tank Size

Field Sq Ft.

Length Of Septic System

☒ Approved☐ Plan Revision Required☐ Required ☐ Not Required

(2) Perk Tests In Fill By Engineer

This Is Not A Permit To Construct A Subsurface Sewage Disposal System. The Permit To Construct Will Be Issued To The Licensed Septic System Installer Prior To Actual Construction. This Plan Approval Is Subject To Specific And General Conditions As Shown On This Form And/or The Approved Plan. **Please Read Them Carefully.**

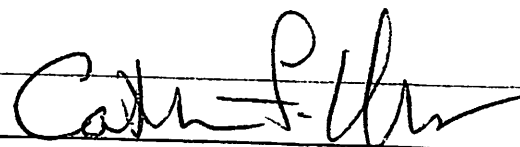
<input type="checkbox"/> Engineer Design	<input type="checkbox"/> Select Fill Required	<input checked="" type="checkbox"/> As Below
<input type="checkbox"/> Percolation Test In Fill	<input type="checkbox"/> Curtain Drain	<input type="checkbox"/> In Place Sieve Test Required
<input type="checkbox"/> Engineer As Built Required	<input type="checkbox"/> Engineer Supervision	<input type="checkbox"/> Low Flow Water Treatment
<input type="checkbox"/> Field Staking By Engineer	<input checked="" type="checkbox"/> As-built Installer	

A WELL SEPARATION VARIANCE HAS BEEN GRANTED BY THE STATE HEALTH DEPT FOR THE SEPTIC TANK AND D-BOX. The was no variance granted for the leach fields when they were originally installed(prior to TAHD in Salisbury).

- 1) Tank to be a minimum of 10' from the property line,
- 2) Pipe from house to tank to be Schedule 40 or equal.
- 3) Pipe from D-Box to galleries to be SDR 35 or equal.
- 4) It is the owner's responsibility to obtain any necessary approvas from The Inland Wetlands Commission.
- 5) Homeowner installation will need to be closely monitored by T.A.H.D.

Approved By:

Director Of Health


Sanitarian



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

Addition / Accessory Structure Application

This is not a building permit.

You must obtain a permit from the Building Inspector prior to any construction.

Sievert Mccabe	21	Mount Riga Rd		Salisbury
Owner	Street #	Street Name		Town
511 Limerock Rd	Lakeville	CT	06039	860-480-8376
Mailing Address	Town	ST	Zip	Owner Telephone
sievertmccabe@gmail.com	860-480-8376		0.5 AC	
Email Address	Cell Phone		Lot Size	
no change	Owner			
Dimensions of Addition	Information Supplied By		Septic System Designed By	

Description
of Addition

Renovate existing house. Reduce # of bedrooms to one. Construct frost wall with crawl space below house which is currently on piers.

The application **must** be accompanied by a **check** made payable to **TAHD** in the amount of:

ACCESSORY STRUCTURE : \$35.00

HABITABLE STRUCTURE: \$55.00

WELL AND SANITARY SEWER: \$35.00

CODE COMPLIANCE STUDY (B100a): \$150.00

(Returned Check Fee on any item: \$25.00)

Application must be accompanied by a SKETCH (on back) showing the relative distances from the proposed addition/structure to the well and septic system. Sketch must be signed by applicant.

Signature of Applicant: SIGNATURE ON FILE

Application Date: _____

TAHD USE ONLY BELOW LINE

☒ **APPROVED**

☐ **DENIED**

conditions of approval

Existing Records?

Septic Permit Number:

☐ B100a study required

☐ field investigation

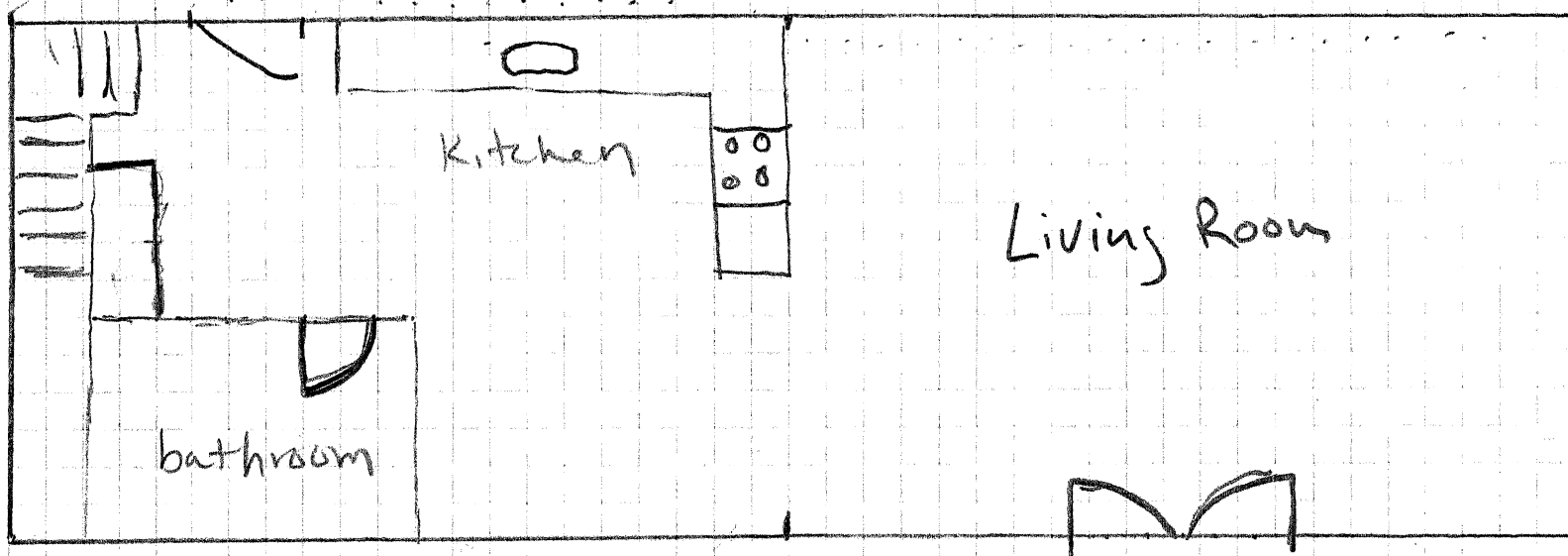
NO FOOTING DRAINS OR DRAINAGE. Okay with no footing drains per Mike Carbone 1/3/24. No additional living space. Do not drive over septic system area during demo or reconstruction.

Sanitarian:

Decision Date:

TAHD is an equal opportunity provider and Employer

First level

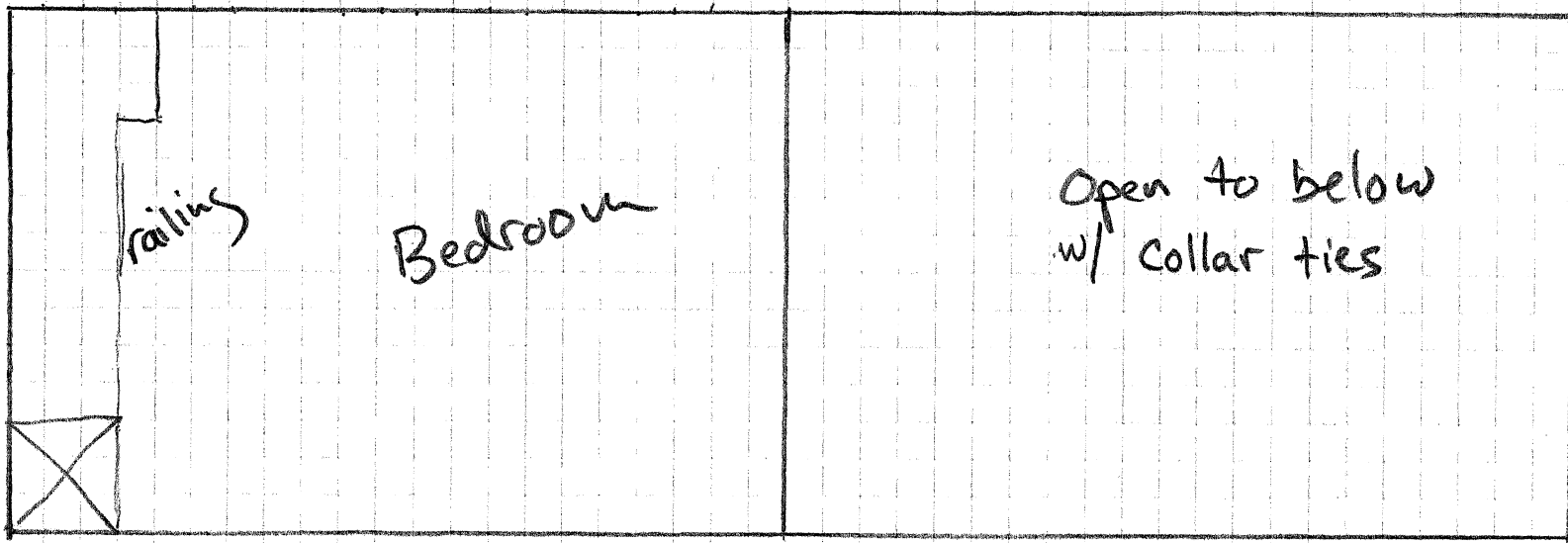


House - 14' 4" X 42' 6"

Approved
Cathy
1/5/24

21 Mount Ridge Rd Salisbury, CT

Second Floor



Approved
1 Bedroom only
Cotnam
1/5/24

21 Mount vista rd, Salisbury

Footing Detail

(21 Mount Ridge Rd
Salisbury)

Ancors

40" Block wall
using 8" Blocks

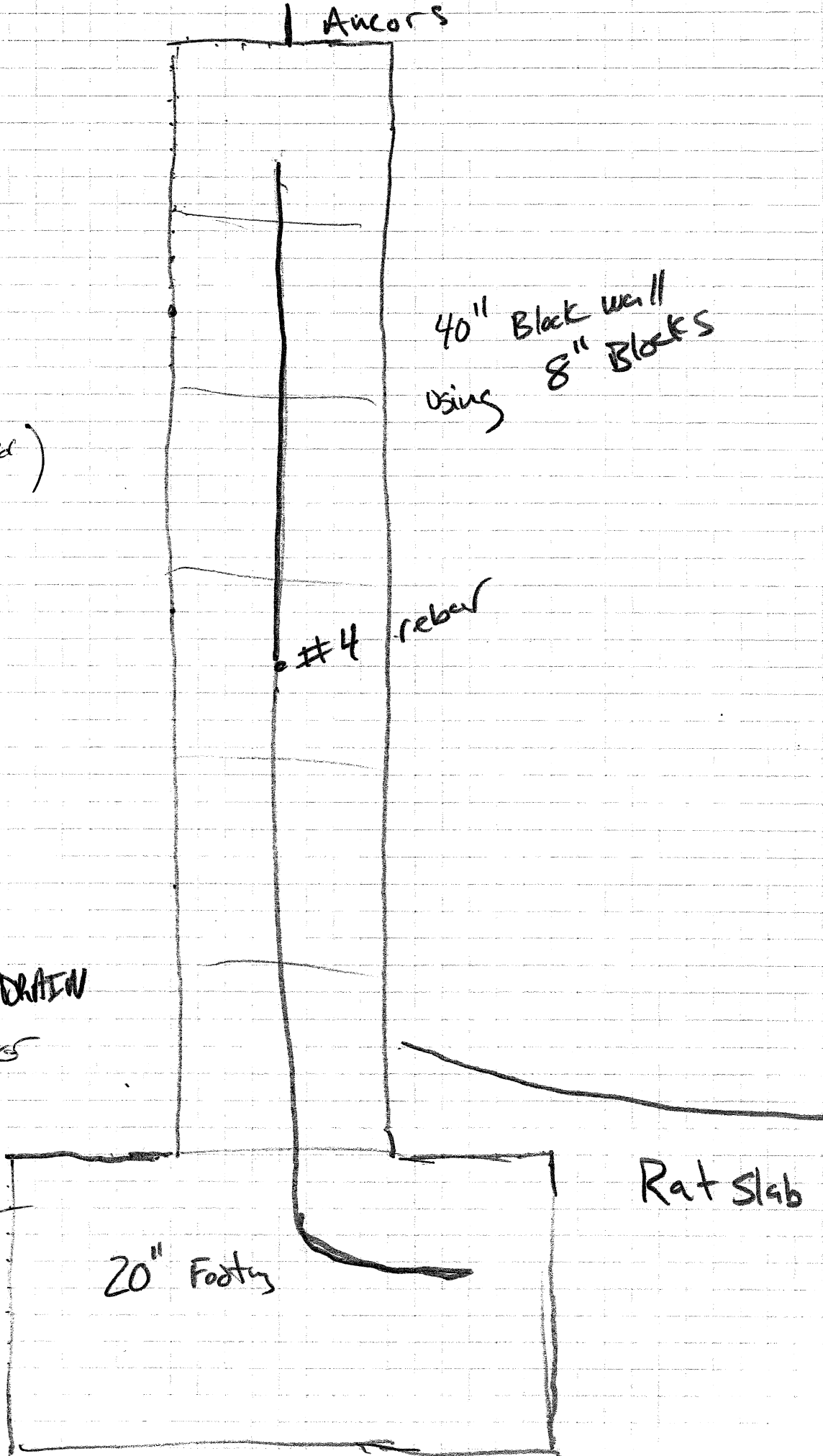
#4 rebar

★ NO FOOTING DRAIN
OR DRAINAGE

Approved
Cathy
1/5/24

20" Footing

Rat Slab



DANIEL C. BRAZEE
Vol. 163, Pg. 377
(Second Piece)

0.263±Ac. 11,440 S.F.
DANIEL C. BRAZEE-Vol. 163, Pg. 377
(Remaining Portion of Third Piece)

0.598±Ac. 26,072 S.F.
DANIEL C. BRAZEE
Vol. 163, Pg. 377
(Portion of Third Piece)

0.566±Ac.
24,648 S.F.
DANIEL C. BRAZEE
Vol. 163, Pg. 377
(Third Parcel in the
First Piece)

0.503±Ac.
21,893 S.F.
DANIEL C. BRAZEE
Vol. 163, Pg. 377
(First Parcel in
the First Piece)

0.200±Ac. 8,714 S.F.
Portion Lands of
ELIZABETH E. D'AMICO
To be Conveyed to
DANIEL C. BRAZEE

- NOTES:
- 1) Owner of Record - Daniel C. Brazee Refer to Vol. 163, Pg. 377.
 - 2) Refer to the following maps attached:
 - a) "Lands of Leslie Ten Eyck, Town of Salisbury, Litchfield, Co., CT" Scale 1"=100' dated Aug. 1989 Revised Nov. 1989 by Lane Land Surveys, Inc.
 - b) "Map Prepared for Elizabeth E. D'Amico, Bunker Hill Road, Salisbury, CT" Scale 1"=50' dated July 26, 2006 Total Area = 10.415±Ac. by Matthias M. Kiefer, L.L.S.
 - 3) Water Easement refer to Vol. 163, Pg. 375 from Whitney North Seymour, Jr. and Catryna Ten Eyck Seymour to David C. Brazee and Kathleen Brazee dated July 26, 1971.
 - 4) Highway lines as shown are approximate and are subject to the establishment of the highway layout by the Board of Selectmen of the Town of Salisbury.
 - 5) Contours are approximate U.S.G.S. and are at 10 foot intervals.
 - 6) Map revised February 11, 2008 to show contours.

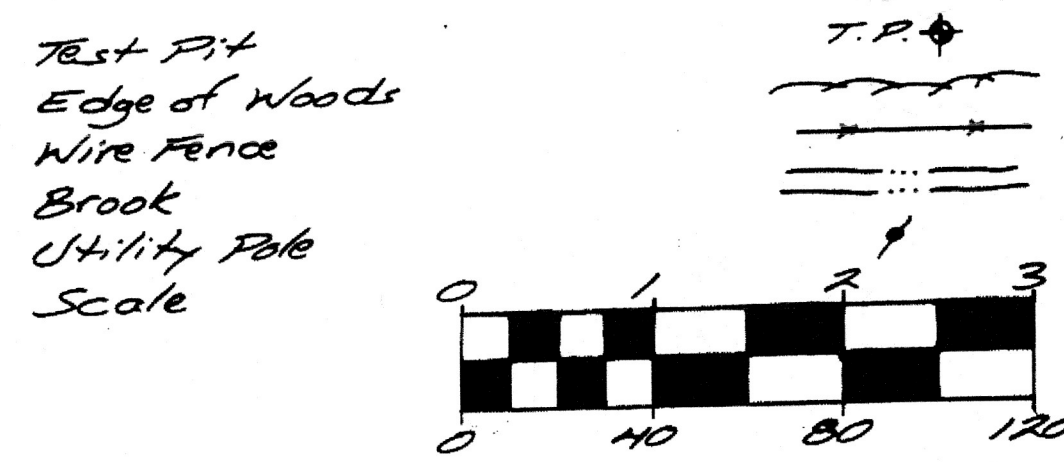
MAP PREPARED FOR
ROBERT A. O'BRIEN
MOUNT RIGA ROAD
SALISBURY, CONNECTICUT
SCALE 1"=40' MAY 3, 2007

This survey and map has been prepared in accordance with Sections 20-3006-1 thru 20-3006-20 of the Regulations of Connecticut State Agencies - "Minimum Standards for Surveys and Maps in the State of Connecticut" as adopted by the Connecticut Association of Land Surveyors, Inc., on September 26, 1996. It is a Property/ Boundary Survey based on a First Survey conforming to Horizontal Accuracy Class AA.

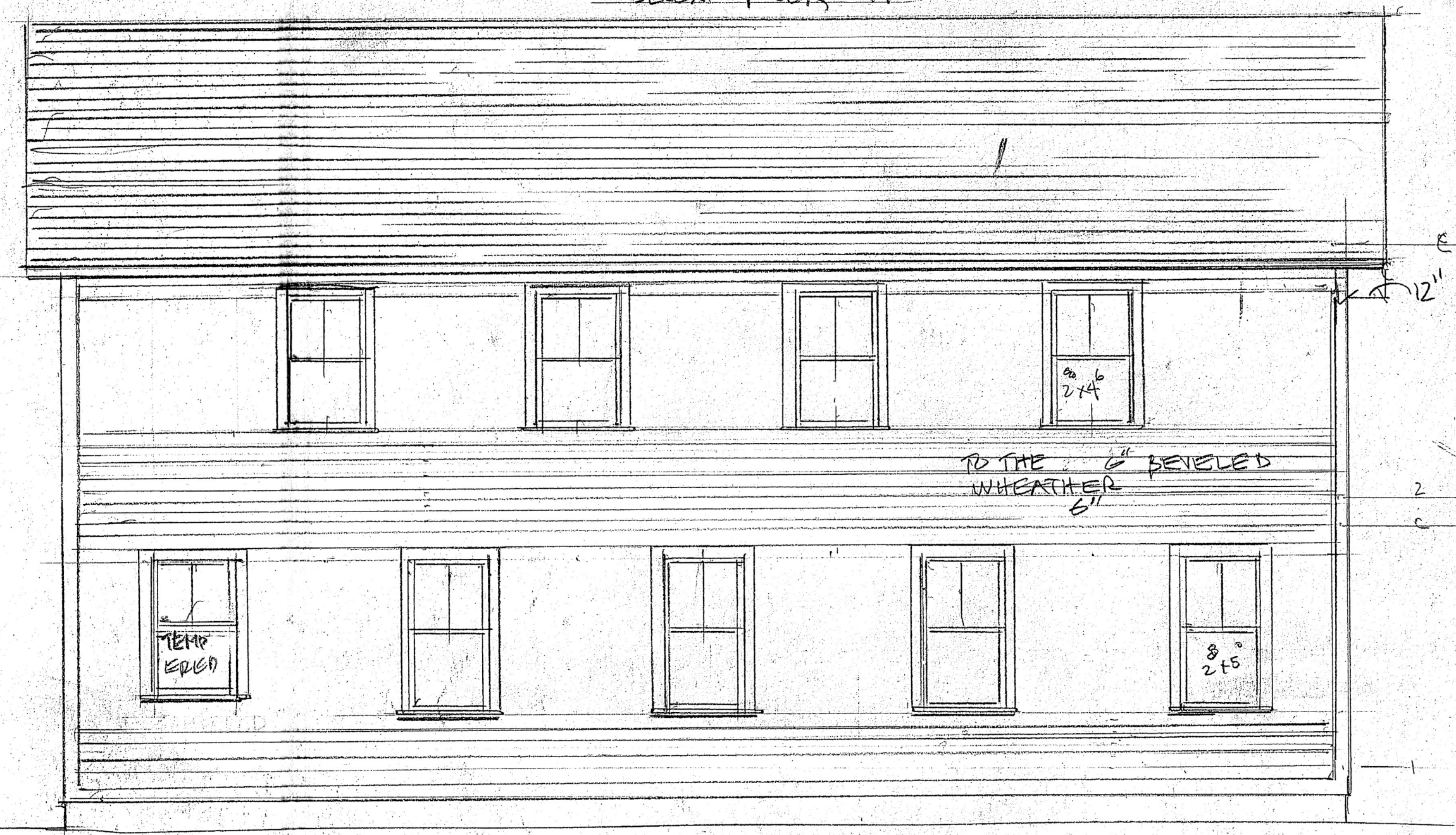
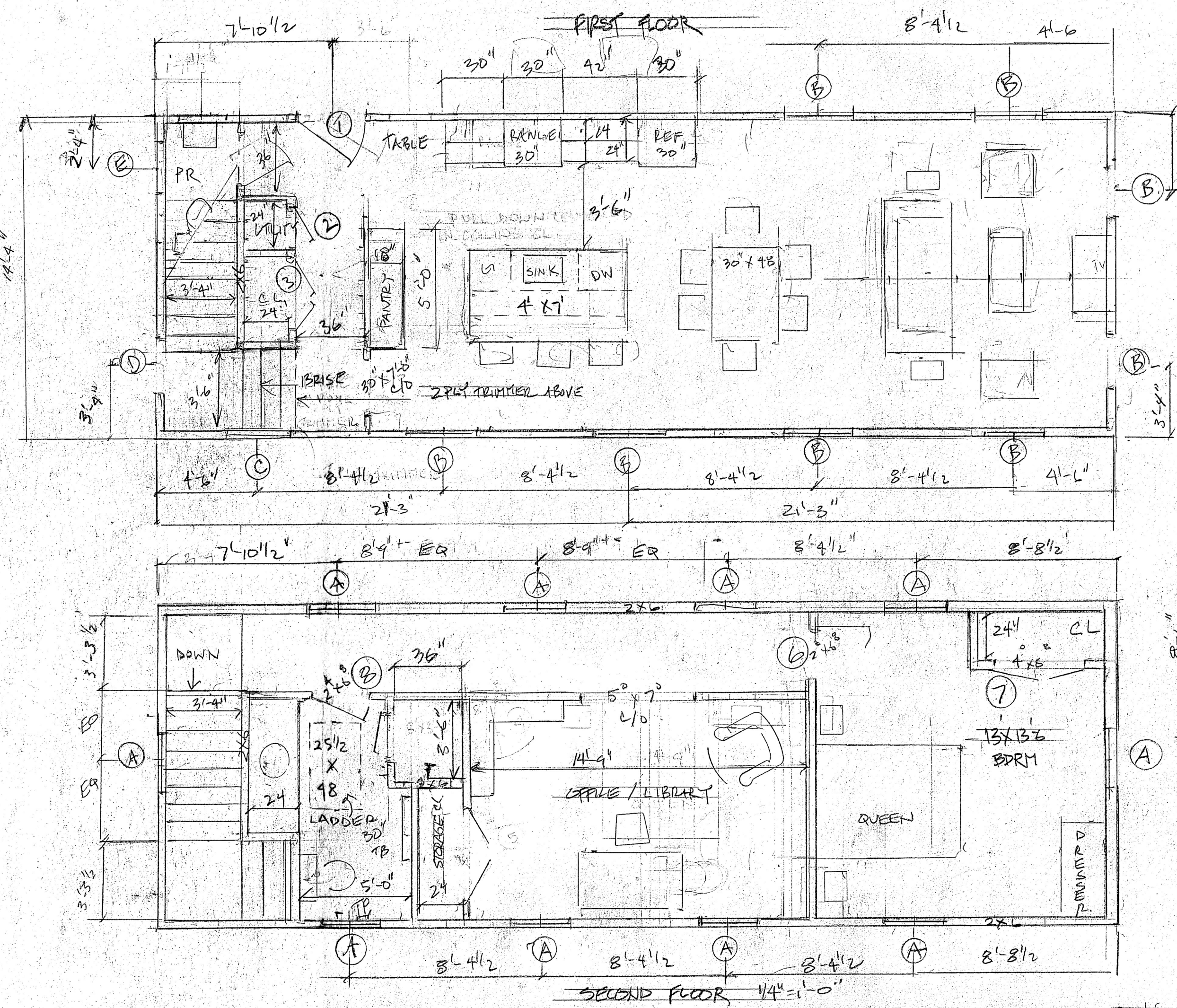
To my knowledge and belief, this map is substantially correct as noted hereon.

Matthias M. Kiefer
From the office of:
Lamb-Kiefer Land Surveys, LLC Salisbury, Connecticut

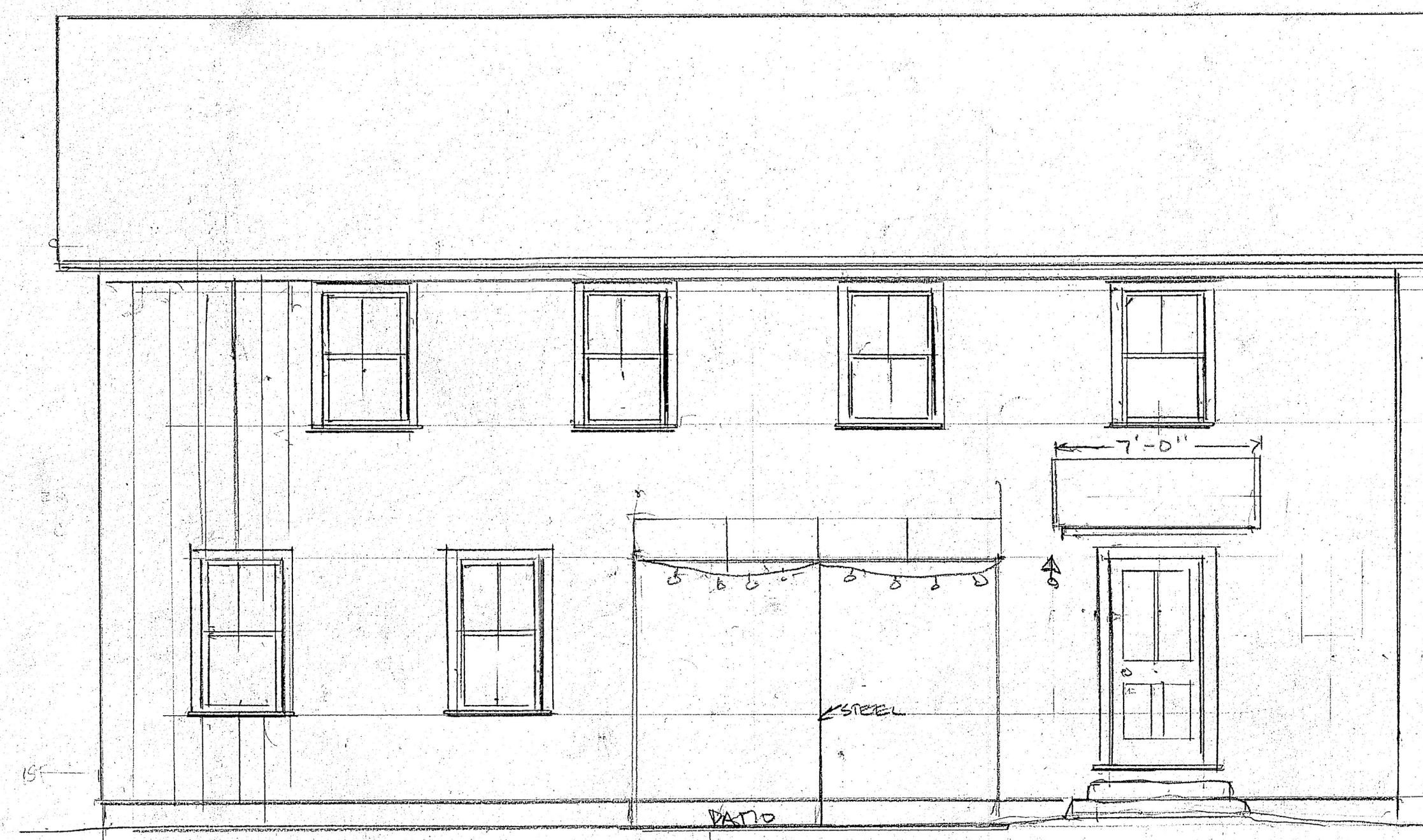
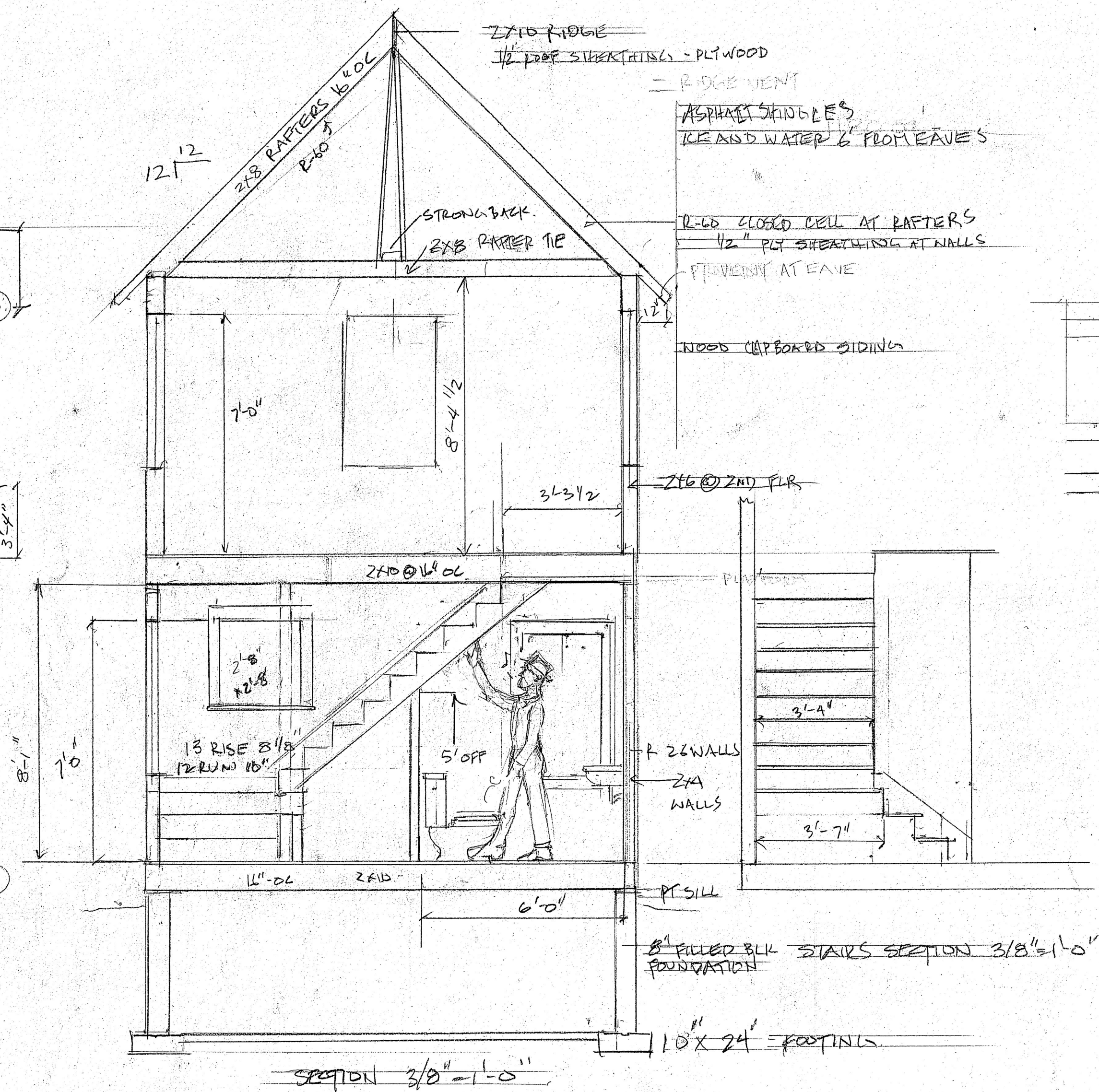
Legend



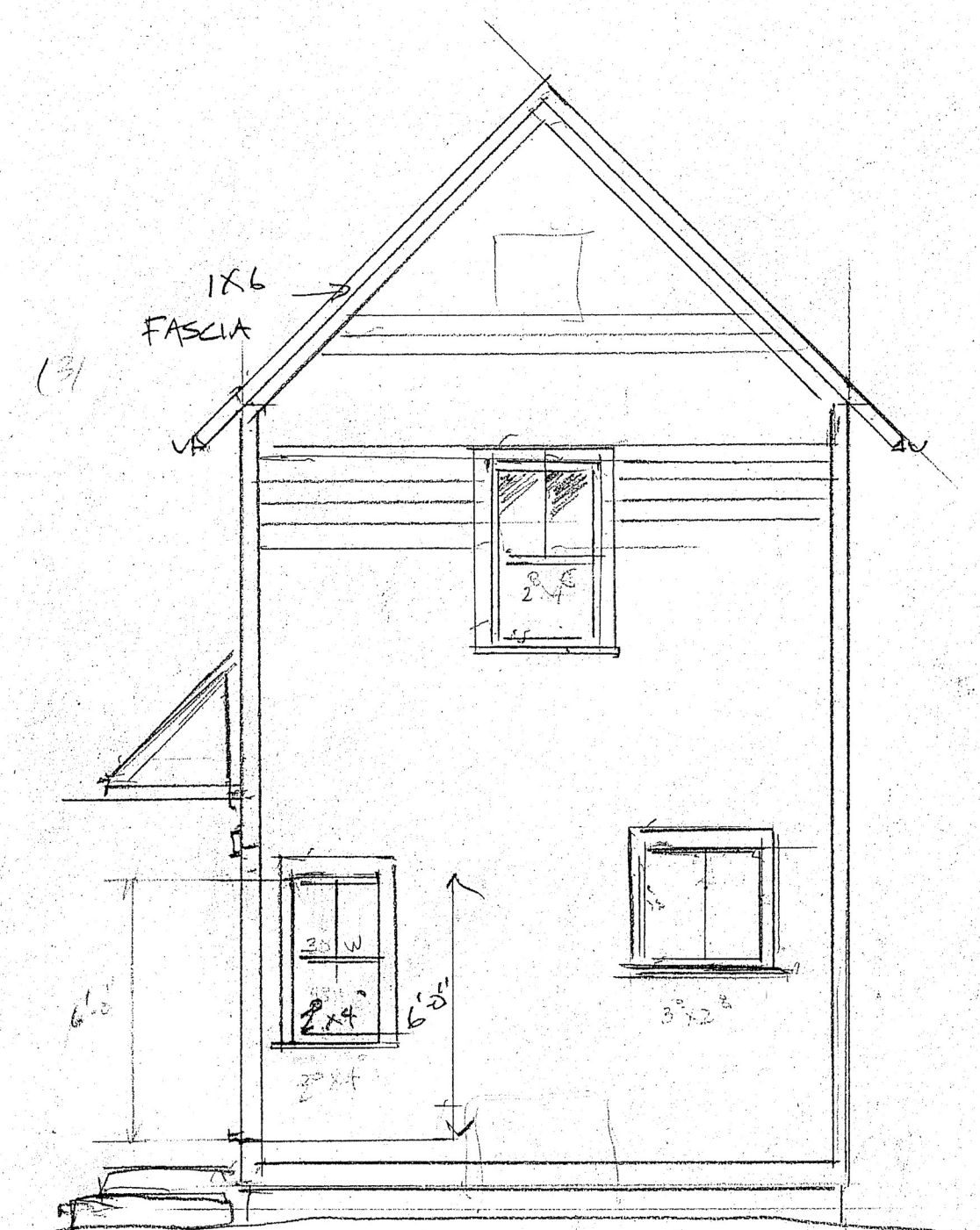
[illegible]



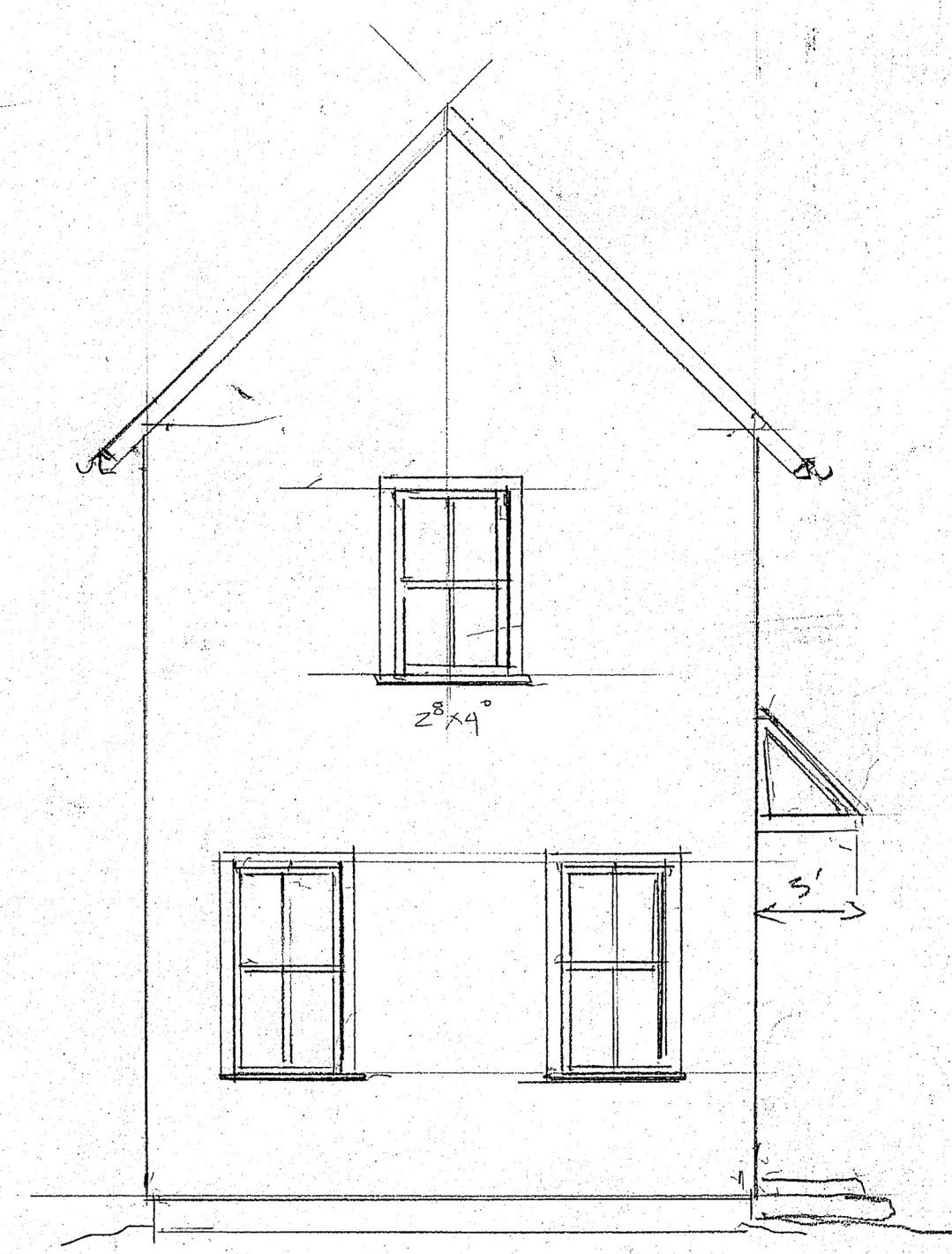
FRONT ELEV $\frac{1}{4}'' = 1' - 0''$



REAR ELEV



LEFT SIDE ELEV



RIGHT SIDE EVEN

1	SIEVERT MACABE 21 MOUNT R. BARB SALISBURY CT	
2	JUNE 14 / 24	
3	PLANS / ELEVATIONS	
4		SHEET #1