

PAID  
SEP 16 2025

**APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE**

Date: 9/15/25 Owner's Name: ASPETUCK Health District  
Address: 58 Turkey Hill Rd S Westport 06880 Tel. No.: 203-249-5627  
Street Town ZIP

**Type of Application:**  Building Addition  Renovation  Accessory Structure (Deck, Garage, Porch)  Building Conversion, Change in Use (Winterization)

**Give a Brief Description of Proposed Application:** (Performing winterization; type and number of rooms being added; square footage of house addition, type of structures to be added, and footprint change, etc.)  
Garage bay addition with upper deck.

**Addition/Renovation:** No. of bedrooms: N/A No. of bathrooms: N/A No. water use fixtures: N/A  
Increase in house footprint?  Yes  No No. of other rooms: N/A No. of tubs more than 99 gal.: N/A Heat?  Yes  No  
Approximate proposed increase in floor area (in Sq. Ft.) 302 Are footing or foundation drains required?  Yes  No

**Existing Structure:**  Residential  Non-Residential (Describe):  
No. of bedrooms: 7 No. of bathrooms: 5 full 2 half No. of oversized tubs (>99 gal.) 1  
Approximate floor area (in Sq. Ft.) 5,707 Water supply:  Private well  Public water Footing or foundation drains present? Yes  No

**Existing Septic** Year system was installed? 2021  New  Repair Public sewer available?  Yes  No

**System:** Size of septic tank: 1500 gals. 57 LF of Geomatrix GST Size and type of leaching system:

Curtain drain?  Yes  No Has any soil testing been performed on the property?  Yes  No  
If yes, when and by whom? October 2021 Kousidis Engineering

Owner or Duly Authorized Representative (Print) Sean Gerrity of Glengate Company Contact Phone Number: (203) 642-6097

**Signed:** [Signature] 09/15/25  
Owner or Duly Authorized Representative Date

**Email:** seang@glengatecompany.com

**ASPETUCK HEALTH DISTRICT REMARKS:**

- Compliance with 19-13-B100a required .....  Yes  No
- Possible storm drainage structure required by Engineering .....  Yes  No
- Soils evaluation required .....  Yes  No
- SSDS proposal required .....  Yes  No
- Wetlands.....  Yes  No  Don't know

**Comments:** no increase in design flow

**APPROVAL:** Approved: [Signature] DATE: 10/9/25

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Final Inspection</b>	Final Inspection/Final Approval:	Sanitarian	Date



Fee is non-refundable  
\$ 260 Initials: L

**APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE**

HLTH-2025-00362

Date: 9/15/25 Owner's Name: Phillip & Jessica Polito  
Address: 58 Turkey Hill Rd S Westport 06880 Tel. No.: 203-249-5627  
Street Town ZIP

Type of Application:  Building Addition  Renovation  Accessory Structure (Deck, Garage, Porch)  Building Conversion, Change in Use (Winterization)

Give a Brief Description of (Performing winterization; type and number of rooms being added; square footage of house  
Proposed Application: addition, type of structures to be added, and footprint change, etc.)  
Installation of prefab shed

Addition/Renovation: No. of bedrooms: N/A No. of bathrooms: N/A No. water use fixtures N/A  
Increase in house footprint?  Yes  No No. of other rooms: N/A No. of tubs more than 99 gal.: N/A Heat?  Yes  No  
Approximate proposed increase in floor area (in Sq. Ft.) 0 Are footing or foundation drains required?  Yes  No

Existing Structure:  Residential  Non-Residential (Describe):  
No. of bedrooms: 7 No. of bathrooms: 5 full 2 half No. of oversized tubs (>99 gal.) 1  
Approximate floor area (in Sq. Ft.) 5,707 Water supply:  Private well  Public water Footing or  
foundation drains present? Yes  No

Existing Septic Year system was installed? 2021  New  Repair Public sewer available?  Yes  No

System: Size of septic tank: 1500 gals. 57 LF of Geomatrix GST Size and type of leaching system:

Curtain drain?  Yes  No Has any soil testing been performed on the property?  Yes  No

If yes, when and by whom? October 2021 Kousidis Engineering

Owner or Duly Authorized Representative (Print) Sean Gerrity of Glengate Company Contact Phone Number: (203) 642-6097

Signed: *Sean Gerrity* 09/15/25  
Owner or Duly Authorized Representative Date

Email: seang@glengatecompany.com

**ASPETUCK HEALTH DISTRICT REMARKS:**

- Compliance with 19-13-B100a required .....  Yes  No
- Soils evaluation required .....  Yes  No
- Wetlands.....  Yes  No  Don't know
- Possible storm drainage structure required by Engineering .....  Yes  No
- SSDS proposal required .....  Yes  No

Comments: no plumber

APPROVAL: Approved: *Sean* DATE: 10/9/25

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB		
Final Inspection	Final Inspection/Final Approval: _____	Sanitarian _____
		Date _____

**Fee is non-refundable.**  
 \$ 260 Initials: [Signature]

**APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE**

**PAID**

Date: 9/15/25 Owner's Name: Phillip & Jessica Polito  
 Address: 58 Turkey Hill Rd S Westport 06880 Tel. No.: 203-249-5627  
Street Town ZIP

SEP 16 2025  
 ASPETUCK  
 HEALTH DISTRICT

**Type of Application:**  Building Addition  Renovation  Accessory Structure (Deck, Garage, Porch)  Building Conversion, Change in Use (Winterization)

**Give a Brief Description of** (Performing winterization; type and number of rooms being added; square footage of house **Proposed Application:** addition, type of structures to be added, and footprint change, etc.)  
Installation of a porch structure with upper deck.

**Addition/Renovation:** No. of bedrooms: N/A No. of bathrooms: N/A No. water use fixtures N/A  
 Increase in house footprint?  Yes  No No. of other rooms: N/A No. of tubs more than 99 gal.: N/A Heat?  Yes  No  
 Approximate proposed increase in floor area (in Sq. Ft.) \_\_\_\_\_ Are footing or foundation drains required?  Yes  No

**Existing Structure:**  Residential  Non-Residential (Describe): \_\_\_\_\_  
 No. of bedrooms: 7 No. of bathrooms: 5 full 2 half No. of oversized tubs (>99 gal.) N/A  
 Approximate floor area (in Sq. Ft.) 403 Water supply:  Private well  Public water Footing or foundation drains present? Yes  No

**Existing Septic** Year system was installed? 2021  New  Repair Public sewer available?  Yes  No

**System:** Size of septic tank: 1500 gals. 5TLF Geomatrix GST Size and type of leaching system: \_\_\_\_\_

Curtain drain?  Yes  No Has any soil testing been performed on the property?  Yes  No  
 If yes, when and by whom? October 2021 Kousidis Engineering

Owner or Duly Authorized Representative (Print) Sean Gerrity of Glengate Company Contact Phone Number: (203) 642-6097

**Signed:** [Signature] 9/15/25  
Owner or Duly Authorized Representative Date

**Email:** seang@glengatecompany.com

**ASPETUCK HEALTH DISTRICT REMARKS:**

- Compliance with 19-13-B100a required .....  Yes  No
- Soils evaluation required .....  Yes  No
- Wetlands.....  Yes  No  Don't know
- Possible storm drainage structure required by Engineering .....  Yes  No
- SSDS proposal required .....  Yes  No

**Comments:** \_\_\_\_\_

**APPROVAL:** Approved: [Signature] DATE: 10/9/25

<b>FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB</b>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Final Inspection</b>	Final Inspection/Final Approval: _____	Sanitarian	Date



APPLICATION FOR A BUILDING ADDITION, BUILDING CONVERSION, RENOVATION OR ACCESSORY STRUCTURE

HCLTH-2025-00364

Date: 9/15/25 Owner's Name: Phillip & Jessica Polito
Address: 58 Turkey Hill Rd S Westport 06880 Tel. No.: 203-249-5627

Type of Application: [X] Building Addition [ ] Renovation [ ] Accessory Structure (Deck, Garage, Porch) [ ] Building Conversion, Change in Use (Winterization)

Give a Brief Description of (Performing winterization; type and number of rooms being added; square footage of house

Proposed Application: addition, type of structures to be added, and footprint change, etc.)

Installation of outdoor kitchen, patio, masonry gas fireplace, outdoor shower, and engineered retaining wall.

Addition/Renovation: No. of bedrooms: N/A No. of bathrooms: N/A No. water use fixtures N/A
Increase in house footprint? [ ] Yes [ ] No No. of other rooms: N/A No. of tubs more than 99 gal.: N/A Heat? [ ] Yes [X] No
Approximate proposed increase in floor area (in Sq. Ft.) 0 Are footing or foundation drains required? [ ] Yes [X] No

Existing Structure: [X] Residential [ ] Non-Residential (Describe):
No. of bedrooms: 7 No. of bathrooms: 5 full 2 half No. of oversized tubs (>99 gal.) 1
Approximate floor area (in Sq. Ft.) 5,707 Water supply: [X] Private well [ ] Public water Footing or foundation drains present? Yes [ ] No [X] Yes

Existing Septic System: Year system was installed? 2021 [X] New [ ] Repair Public sewer available? [X] Yes [ ] No

System: Size of septic tank: 1500 gals. Size and type of leaching system:

Curtain drain? [ ] Yes [ ] No Has any soil testing been performed on the property? [X] Yes [ ] No

If yes, when and by whom? October 2021 Kousidis Engineering

Owner or Duly Authorized Representative (Print) Sean Gerrity of Glengate Company

Contact Phone Number: (203) 642-6097

Signed: [Signature] Owner or Duly Authorized Representative Date: 09/15/25

Email: seang@glengatecompany.com

ASPETUCK HEALTH DISTRICT REMARKS:

- Compliance with 19-13-B100a required [ ] Yes [ ] No
Possible storm drainage structure required by Engineering [ ] Yes [ ] No
Soils evaluation required [ ] Yes [ ] No
SSDS proposal required [ ] Yes [ ] No
Wetlands [ ] Yes [ ] No [ ] Don't know

Comments: outdoor shower to be covered + cold water only

APPROVAL: Approved: [Signature] DATE: 10/9/25

FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB Yes [X] No [ ]
Final Inspection/Final Approval: Sanitarian Date