



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR APPROVAL OF PRIVATE BURYING GROUND OR STRUCTURE

I hereby apply to the Connecticut Department of Public Health for approval of a private burying ground or structure.

1. NAME OF OWNER OF PROPERTY WHERE PRIVATE BURYING GROUND IS TO BE LOCATED: _____

ADDRESS OF OWNER: _____

TELEPHONE NUMBER: _____

2. ADDRESS OF PROPERTY WHERE BURYING GROUND IS TO BE LOCATED: _____

3. TOTAL SIZE OF PROPERTY: _____ ACRES.

4. SIZE OF PROPOSED BURYING GROUND: _____ ACRES.

5. NUMBER OF PLOTS PROPOSED: _____

6. NUMBER OF HOUSES WITHIN 350 FEET OF BURYING GROUND: _____

GIVE NAMES AND ADDRESSES OF EACH SUCH OWNER:

7. SEPARATING DISTANCE TO NEIGHBORING PROPERTY: _____

GIVE NAME AND ADDRESS OF OWNER OF ANY PROPERTY WITHIN 25 FEET OF PRIVATE BURYING GROUND: _____

8. DOES THE USE OF THIS PROPERTY AS A BURYING GROUND VIOLATE ANY LOCAL PLANNING OR ZONING REQUIREMENT? _____

9. I AGREE TO HAVE TEST HOLES DUG ON THE PROPERTY TO ALLOW THE STATE DEPARTMENT OF PUBLIC HEALTH TO DETERMINE DRAINAGE AND DEPTH TO LEDGE ROCK: _____



Phone: (860) 509-7296

Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # 51-SEW

P.O. Box 340308 Hartford, CT 06134

Affirmative Action / An Equal Opportunity Employer

**APPLICATION FOR APPROVAL OF PRIVATE BURYING GROUND OR STRUCTURE
(Continued)**

10. I AGREE TO PROVIDE EASEMENT OR RIGHT-OF-WAY TO ALLOW ACCESS FROM STREET TO PRIVATE BURYING GROUND: _____
11. I AGREE TO RECORD PLOT PLAN WITH EASEMENT ON DEED TO PROPERTY.

12. I AGREE THAT BURYING GROUND WILL BE FOR FAMILY USE ONLY AND NO LOTS ARE TO BE SOLD. _____
13. I AGREE THAT THE STATE WILL PUBLISH IN NEWSPAPERS A LEGAL NOTICE OF APPLICATION FOR PRIVATE BURYING GROUND WITH OPPORTUNITY TO COMMENT. _____
14. I AGREE THAT A PERMANENT FENCE OR MARKERS WILL BE PLACED TO INDICATE THE BOUNDARIES OF THE BURYING GROUND. _____

Signature

Print Name of Applicant

Street Address

Town State Zip

Telephone

Date