Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
Phone: (860) 774-7350 / Fax (860) 774-1308 / www.nddh.org
Office Hours: Monday-Thursday 8:00am - 4:00pm, Friday 8:00am -Noon

To: Bed and Breakfast Owners
From: The Northeast District Department of Health
Date: October 15, 2026
Subject: 2027 Bed and Breakfast Registration

Fee: $65.00

The registration issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31st and must be updated on a yearly basis. We are eager to assist you in complying with the State of Connecticut public health regulations.

Please return the following to this office by close of business Tuesday, December 15, 2026:

- ***Application Requirements:*** You must complete **both** the Bed & Breakfast Application and Emergency Contact Information Form, provide all other required documentation, pay the appropriate service fee and submit it to the office no later than Tuesday, December 15, 2026.
- ***Ways to Access Applications Documents:*** You can access forms online at www.nddh.org/formspermits/, or you can come to the main office (address listed above along with office hours).
- ***Payment Options:*** Fees can be paid online at https://www.nddh.org/formspermits/pay-online/, brought to our office where staff will receipt, or by mail to the above address with all documentation required. NDDH accepts payments by check, money order, debit/credit card, electronic check and by cash. Cash payments must be made in person at the office.
- ***Service Fee Schedule:*** Effective 7/1/26, the Service Fee Schedule can be found online at: https://nddh.org/wp-content/uploads/2026/06/NDDH_Service_Fees_effective_070126.pdf
- Please be sure to provide a **valid e-mail address**, as we will be sending permits electronically.
- Establishments with public water must provide a copy of the most recent water bill.
- Establishments with a private well must provide a copy of the current water analysis report. Note that the water sample must have been retrieved by a CT Certified laboratory.
- Establishments with an on-site septic system must provide a copy (receipt) of the most recent waste removal. Note that the waste removal must be within the past 3 years.

Upon receipt of all documentation requirements, a permit will be issued for your establishment which will be valid from January 1st through December 31, 2027.

For your renewal to be considered on time, all required documentation and permit fees must be received by close of business on Tuesday, December 15, 2026, or the establishment will be charged a late fee of $90. In addition, a penalty fee of $12 per NDDH business day with a maximum of $120 shall be assessed for each business day late from January 2 through January 15, 2027, inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of $150 will be charged for a failed inspection.

If you have any questions, please feel free to contact us.

As always, we look forward to collaborating with you.

Sincerely,

The Northeast District Department of Health

Permit Checklist
- ☐ Application
- ☐ Emergency Form
- ☐ Permit Fee Payment
- ☐ Water Test/Bill copy
- ☐ On-Site Septic copy

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Brooklyn, CT 06234
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www.nddh.org email@nddh.org

Sanitarian Approved
*Initial:*_____
Date: _____

*Emailed:*_____

BED & BREAKFAST APPLICATION

Establishment Information

Name of Establishment:
Location:
Mailing Address:
City: State: Zip:
Phone: Fax:
Manager: Phone:
Owner of Establishment:
Mailing Address:
City: State: Zip:
Home Phone: Billing Email:
Age of House: # Of Sleeping Rooms Available to Public:
Of Beds in Each Room: # Of Bathroom Facilities:
Any long-term rental units? No ☐ Yes ☐ How many?

Meals Offered (Check All That Apply)

Continental Breakfast ☐ Full Breakfast ☐ None ☐
Brunch ☐ Lunch ☐
Dinner ☐ Other ☐

Type of Water Supply

Public Water ☐ Private Well ☐
If a private well, select one: Dug ☐ Drilled ☐ Artesian ☐ Other: _____
Any filtering system? No ☐ Yes ☐ If so, what type? _____
Date last tested: _____ (Enclose copy of test report)

Type of Sewage Disposal

Public Sewer ☐ Private Septic System ☐
Size of Tank: _____ Square Footage of Leach Area: _____
Date Last Pumped: _____ Frequency of Pumping: _____
Has the septic system ever been repaired? No ☐ Yes ☐ Date: _____
Who was the property owner when the system was repaired? _____

Name of Individual
Applying for Permit: _____ Date: _____

NDDH Use Only
Date: _____ *Fee:* _____ *Check #* _____ *CC E-Check Cash Receipt #*_____
Date: _____ *Fee:* _____ *Check #* _____ *CC E-Check Cash Receipt #*_____

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69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308 www.nddh.org

EMERGENCY CONTACT INFORMATION

Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at https://www.nddh.org.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately with contact information other than the owner.

Today's Date: _____

Business/Org Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name and Title: **_____**

Cell Phone: _____ Fax Number: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

Alternate Emergency Contact Name and Title: **_____**

Cell Phone: _____ Fax Number: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

Is water for your business establishment/organization supplied by:

____Well ____Community Water System

Businesses with multiple locations: Please complete a separate form for each location.

NDDH USE ONLY:

Updated - EHS Database: _____ ***Excel Data Sheet:*** _____ ***Initials:*** _____

REVISED 10/27/2025