



### NEWTOWN DISTRICT DEPARTMENT OF HEALTH

#### Application for Building Permit Approval/Sign Off

**This is not a Building Permit - A permit from the Building Dept is required prior to construction**

---

Owner                      Street Address of Proposed Project                      Town                      Owner's Phone No.

---

Contractor's Name, Address, Town, State, Zip Code                      Telephone Number

---

Lot Size                      Septic and Well Information Provided                      Yes                      No

This application must be accompanied by:

- A sketch/drawing showing relative distances to septic systems and wells and a code-complying area, if required
- **A check made payable to Newtown Health District in the amount of:**

FEES: circle appropriate fee:

- \$ 15.00      Accessory Structure (on ground or sonotube) shed, deck, gazebo, etc.
- \$ 25.00      Addition/Structure (requiring foundation/slab) not habitable
- \$ 50.00      Additions, habitable space
- \$ 50.00      Commercial Building/Space, per 1,000 square feet
- \$ 25.00      Commercial Building Fit-out
- \$ 25.00      Finished Basement, without potential BR
- \$ 50.00      Finished Basement, with potential BR
- \$100.00     New Residential/Per Single Family Unit
- \$ 10.00      Properties on public sewer
- \$ 10.00      Residential Renovations/Change of Use
- \$ 25.00      Swimming pool, above ground
- \$ 50.00      Swimming pool, in-ground

Description of Building/Addition/Structure: \_\_\_\_\_

Owner or Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A letter of authorization is acceptable in place of the owner's signature

**FOR HEALTH DISTRICT USE ONLY**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ Check No. \_\_\_\_\_ Date \_\_\_\_\_

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

Sanitarian: \_\_\_\_\_ Decision Date: \_\_\_\_\_