

PERMIT TO CONSTRUCT

NEWTOWN DISTRICT DEPARTMENT OF HEALTH

APPLICATION & APPROVAL TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM

- This approval expires 12 months from date of issuance. This is NOT a plan approval.
- A septic plan approval must be obtained prior to this permit.

SEPTIC **INSTALLER** NAME _____ LICENSE # _____

ADDRESS _____

CELL # _____ OFFICE # _____ EMAIL _____

ADDRESS OF PROPOSED SEPTIC SYSTEM _____

ASSESSOR MAP _____ BLOCK _____ LOT _____

PROPERTY OWNER NAME _____

PHONE _____ EMAIL _____

MAILING ADDRESS _____

RESIDENTIAL STRUCTURE: No. of Bedrooms _____

COMMERICAL OR NON-RESIDENTIAL:

Square footage of building _____ Design Flow (GALLONS PER DAY) _____

Other _____

PROFESSIONAL ENGINEER PLAN REQUIRED **YES / NO**

If yes, Name of P.E. and Address _____

- Licensed Septic Installer is responsible for scheduling inspections with the Health District office.

Licensed Septic Installer Signature

Date

HEALTH DISTRICT USE ONLY

Approval to Construct is hereby issued by _____ Date _____

Print Name

Signature _____ Title _____

Approvals to Construct shall be issued by the DOH or Registered Sanitarian

See attached Conditions of Approval page.

Permit # _____ Fee: **NEW** (\$150) / **REPAIR** (\$50) Check # _____ Cash _____