

**LOT LINE REVISION/FIRST CUT  
APPLICATION**

Newtown Health District  
3 Primrose Street, Newtown, CT 06470  
203-270-4291 FAX – 203-270-1528  
[health.district@newtown-ct.gov](mailto:health.district@newtown-ct.gov)

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant Name (If different than owner): \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Water Supply: Public  Private Well  Is public water available? Yes  No

An A-2 survey map or equivalent must be provided with the application, indicating the following:

- a. Total lot size
- b. Existing water courses (perennial and intermittent)
- c. Existing septic systems on property
- d. Existing wells on property
- e. Location of all structures, driveways, drains on property
- f. Code-complying area pursuant to Connecticut General Statutes, Sec. 19-13-B100a

Signature of Applicant (If different than owner): \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

Make check payable to: Newtown Health District

Fee: No septic system - \$25.00                      With Septic System - \$50.00

Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check No. \_\_\_\_\_