

Shed Package

*** Please Read Next Page for Step by Step
Procedures***

PLEASE READ CAREFULLY BEFORE STARTING THE PROCESS...

Submission Requirements:

- Complete the attached application packet in its entirety including Zoning/Health Permits
- **2** copies of property map showing the location of the proposed shed. Consult with Land Use Agency and Health District for map requirements.
- **2** copies of building plans
- Workers Compensation Form (*must be notarized*)
- Letter of Authorization (if not owner)
- Copy of Home Improvement Registration
- Contact CL & P to get a Call Before You Dig number (**1-800-922-4455**)
- **Fees**: Check with each of the following Departments for their respective fees and Permit application requirements. Fees must be submitted separately to each Department via Cash or Check only. Checks must be made out to 'Town of Newtown.'

All Departments are located at the Newtown Municipal Center: 3 Primrose Street, Newtown, CT

Land Use Agency: (203) 270-4276

Health District: (203) 270-4291

Building Department: (203) 270-4260

Submission Procedure:

Step 1: Land Use Agency

- Submit completed Zoning Permit Application, Zoning Square Footage Sheet, and fee.
- Submit 2 copies of site plans, 2 copies of building plans, Building Department Application for signature. One site plan will be retained for zoning records.

Step 2: Health District

- Submit completed Health Department Permit, any additional required information, and \$15 fee.
- Submit remaining site plan, 2 copies of building plans, and Building Department Application for signature.

Step 3: Building Department

- Submit 2 sets of signed building plans, Building Department Application, signed plot plan, Letter of Authorization, and Copy of Home Improvement Registration.

PLEASE REMEMBER YOU WILL NEED SEPARATE PERMITS FOR SUB-CONTACTORS (ie: Electrical)

Email Address:

TOWN OF NEWTOWN OF NEWTOWN BUILDING DEPARTMENT
203-270-4260
APPLICATION FOR SHED

Permit No:

Date Issued:

Receipt No:

Required Departmental Signoffs

Tax Assessor:

Tax Collector:

Health:

Zoning:

Conservation:

Unique Number

Info below to be filled out by Tax Assessors Office Date:

Code

Prop. Location Street Address

Map

Block

Lot

Dev. Lot

Zone

Owner's Name As It Appears in Land Records

Owner/Applicant To Fill Out Below Please Print or Type All Entries

Owner's Street Address

Date:

Town/City:

State

Zip Code

Area Code & Home Ph.No.

Work Ph. No.

Fax

Applicants Name if not owner

Address

Town/City:

State:

Zip:

Home Phone:

Work Phone:

Fax:

Contractor Name:

Contact Name:

Address:

Contact Phone Number:

Town/City:

State:

Zip:

Home Improvement Registration Number:

Expiration Date:

Estimated Cost of Construction

Has work been
done without a permit? Yes or No

Any Mechanicals will require separate permits. Example: Electrical, Plumbing, etc.

Signature of Owner:

Date:

Signature of Owner's Agent:

Date:

*****BUD# Call 1-800-922-4455 IF YOU ARE DOING ANY DIGGING*****

Letter of Authorization for homeowner/property owner to pull a permit using contractors Home Improvement Registration, Electrical, Plumbing, or Heating License.

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To Building Inspector, Town of Newtown:

I _____, give _____ permission to obtain
a/an _____ permit using my License or Registration at the address of
_____.

My License or registrations number is _____ and expires on
_____.

Sincerely,

Date:

Letter of Authorization from homeowner/property owner allowing the contractor to pull a building permit for their property.

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To Building Inspector, Town of Newtown:

I _____, give _____ permission to
obtain a building permit for a/an _____ at the address of
_____.

Sincerely,

Date:

3 Primrose Street
Newtown, Connecticut 06470

Tel. (203) 270-4370
Fax. (230) 270-1528



TOWN OF NEWTOWN
Office of the Fire Marshal

To: All Building Contractors
From: Richard Frampton
Subject: Outside Burning at Construction Sites

Section 22a-174 of the Connecticut General Statutes is the enabling legislation which governs the administrative regulations for the control of open burning. These regulations empower the local open burning official to only issue permits to any resident of the Town to dispose of brush on property where he resides. This means that if there is no residential structure occupied on the property, a permit cannot be issued. Owners or contractors wishing to burn brush on vacant land or construction sites cannot be issued permits. In such circumstances, the brush should be piled to one side of the property and burned when there is an occupied residential structure on the site. Burning permits for brush only are issued by the Fire Marshal's Office from November 1 through April 1. Owners or contractors should contact the Fire Marshal's Office for conditions of burning as set forth in the regulations.

No burning of construction materials at construction sites in the Town of Newtown is permitted. Debris should be piled into a dumpster and disposed of properly.

Should the fire department be called to a construction site for a fire it will be extinguished, and the contractor may be arrested for burning without a permit. The contractor will also be billed a set amount by the fire department for the responses and extinguishment.

Your signature on this letter acknowledges your receipt of the above information.

Printed Name

Date

Signature

Tel. Phone Number

Job Location

Proudly serving the
towns of Bridgewater,
Newtown and Roxbury



3 Primrose Street
Newtown, CT 06470
P: (203) 270-4291

www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION FOR BUILDING PERMIT APPROVAL / SIGN OFF**

This is not a Building Permit - A permit from the Building Department is required prior to construction.

Street Address of Proposed Project		Town	
Owner	Phone	Email	
Contractor Name	Phone	Email	
Contractor Address	Town	State	Zip Code
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 Signature:_____ Date:_____

A letter of Authorization is acceptable in place of Owner's Signature.

Health District Use Only

APPROVED_____ **DENIED**_____ Fee Paid:_____ Check #:_____ Cash:_____

Comments:_____

Sanitarian:_____ Decision Date:_____



Address for Land Use Files

**TOWN OF NEWTOWN
APPLICATION FOR ZONING PERMIT**

1. Owner _____

7. Attached Plans: _____ yes _____ no

2. Address _____

_____ not necessary

3. Applicant _____

8. Fee Collected: \$ _____

4. Permit for (Specify use below selection):

By/date: _____

a) _____ New Building or Structure

9. Will any topsoil or earth materials other than

b) _____ Enlarged Building or Structure

topsoil be removed from the lot or onto the

c) _____ Structural Alteration (no increase in area)

lot? _____ yes _____ no

d) _____ Landscape Work (includes 1/4 acre ponds)

10. Required Parking Spaces _____

e) _____ Change in Use

Additional Notes:

f) _____ Temporary Use

g) _____ Other Use

Description of Activity: _____

5. Present Use of lot (i.e. Single Family Residence)

6. Signs: _____ Temporary

a) Dimensions _____

Owner/Applicant

Month/Day/Year

b) Lettering _____

c) Location _____

Enforcement Officer

Month/Day/Year

d) Dates to be posted _____

*I declare under penalties of false statements that the
statements of the foregoing application are
complete and true.*