



www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION FOR LOT LINE REVISION/FIRST CUT**

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

Date _____

Property Address _____

Property Owner Name _____ Phone # _____

Address _____ Email _____

Applicant Name (if different than owner) _____ Phone # _____

Address _____ Email _____

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 _____

Checks payable to: Newtown Health District

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Health District Use Only: Fee Paid: _____ Check #: _____ Cash: _____

Comments: _____

Approved By: _____ **Date:** _____