

TOWN OF NEWTOWN LAND USE AGENCY

SHED PERMIT

Application for a one-story detached accessory structure
with a floor area that does not exceed 200 square feet.

REQUIRED DEPARTMENTAL SIGNOFFS

Tax Assessor:	Tax Collector:	Health:
Zoning:	Conservation:	

TO BE FILLED OUT BY TAX ASSESSOR'S OFFICE

Unique Number		Date
Code	Prop. Location Street Address	
Map	Block	Lot
	Zone	

Owner's Name as it appears in Land Records

OWNER/APPLICANT TO FILL OUT BELOW (Please Print or Type)

Owner's Street Address	Date
Town	State
Home Phone	Cell
Work Phone	Fax

Applicant's Name if not Owner
Address
Town
State
Zip
Home Phone
Cell
Work Phone
Fax

Description of the Project:

Will any topsoil or earth materials other than topsoil be removed from the lot or onto the lot? Yes _____ No _____

Has work been done without a permit? Yes _____ No _____

Signature of Owner/Applicant: _____ Date: _____

Signature of Zoning Officer: _____ Date: _____

*** * * * * CALL BEFORE YOU DIG (CBYD) 1-800-922-4455 * * * * ***

Inspected by (ZEO Signature): _____ Date: _____