



www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION FOR A PRELIMINARY PLAN REVIEW**

New System Addition Repair Other: _____

STREET ADDRESS OF PLAN _____

ASSESSOR MAP / BLOCK / LOT (MBL) _____ **SUBDIVISION** _____

OWNER NAME _____ **PHONE #** _____

OWNER MAILING ADDRESS _____ **EMAIL** _____

ENGINEER NAME (if applicable) _____

PHONE # _____ **EMAIL** _____

RESIDENTIAL STRUCTURE: Existing No. of Bedrooms _____ Proposed No. of Bedrooms _____

**If future pool location is known at the time of application, it should be shown on the design plan.*

COMMERCIAL OR NON-RESIDENTIAL DESIGN CRITERIA:

Square footage of building _____ Intended Use _____

Number of Employees _____ Design Flow (gallons per day) _____

Mark a response for each item:

On Designated Wetlands	YES	NO	Basement Fixtures	YES	NO
Foundation Drains	YES	NO	Laundry Hook-ups	YES	NO
Garbage Disposal	YES	NO	Hot Tub	YES	NO
Special Equipment	YES	NO	Flood Zone	YES	NO
Water Supply:	PRIVATE	PUBLIC	Bath Tubs over 100 gallons	YES	NO
Well Water Treatment Wastewater Disposal	YES	NO			

Allow 7-10 working days for plan review.

Two (2) sets of the septic proposal plan must accompany this application.

This is NOT a Permit to Construct

OWNER OR AUTHORIZED AGENT SIGNATURE _____

PHONE _____

DATE _____

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Health District Use Only: Fee: \$50 per lot Paid: _____ Check #: _____ Cash: _____

Comments: _____

Reviewed By: _____ Date: _____