

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 Pro	Town					
Owner Contractor Name Contractor Address Town		F	Phone		Email	
		Phone		Email		
		own State			Zip Code	
Lot Size Septic a		eptic and Well	and Well Information Provided:		Yes	No
and a code-co	be accompanied ving showing relation omplying area, if read to New Payable to New	ve distances to equired				
FEES: circle appropr \$ 15.00 \$ 25.00 \$ 50.00 \$ 50.00 \$ 25.00 \$ 50.00 \$ 10.00 \$ 10.00 \$ 10.00 \$ 25.00 \$ 50.00	Accessory Struct Addition/Structure Additions, habital Commercial Build Commercial Build Finished Baseme Finished Baseme New Residential/ Properties on pul Residential Rend Swimming pool, a Swimming pool, a	e (requiring for ble space ding/Space, per ding Fit-out ent, without potent, with poten Per Single Far blic sewer evations/Chang above ground n-ground	undation/slab) ner 1,000 square tential BR tial BR mily Unit	ot habitable		etc.
Description of Buildin	g/Addition/Structu	re:				
wner or Applicant Sig	nature:			Date:		
	A letter of Authoriz	zation is accept	able in place of O	wner's Sign	ature.	
			rict Use Only			
APPROVED			ee Paid:			
Comments:						
Sanitarian:	Decision Date:					