



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 distances to septic systems and wells and a code-complying septic system area (B100a), if required.
- *If required*, B100a soil testing / site investigation is a separate application and fee.

A check made payable to Newtown Health District in the amount of:

FEES: circle appropriate:

- \$ 10.00 Residential renovations, Properties on public sewer
- \$ 15.00 Shed less than 200 square feet no foundation
- \$ 25.00 Accessory Structure (shed, deck, gazebo, above ground pool etc.)
- \$ 25.00 Finished Basement without potential BR
- \$ 25.00 Commercial Building Fit-out / Remodel
- \$ 50.00 Additions, Conversion, Change in Use, Finished basement with bedroom
- \$ 50.00 In-ground swimming pool
- \$ 50.00 New Commercial Building/Space, per 1,000 square feet
- \$100.00 New Residential/Per Single Family Unit or other dwelling unit

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: _____