Proudly serving the towns of Bridgewater, Newtown and Roxbury



3 Primrose Street Newtown, CT 06470 P: (203) 270-4291

www.newtown-ct.gov/health-district

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

Fee: No septic system - \$50.00 With Septic System - \$100.00

Date:						
Property Address	S:					
Property Owner I	Name:			Phone:		
Address			Email:			
Applicant Name	(if different th	an owner):		Phone:		
Address:			Email:			
Reason for Applie	cation:					
Water Supply: F	Public	Private Well	Is public water availab	le?	Yes	No
An A-2 survey ma	ap or equiva	alent must be prov	ided with the application, in	dicating	the followi	ing:
c. Existing septicd. Existing wellse. Location of all	systems or on property structures,	driveways, drains	ŕ	9-13-B10	00a	
Signature of App	licant (if diff	erent than owner):				
Signature of Prop	perty Owner	:				
Health District U	Jse Only:	Fee Paid:	Check #:		Cash:_	
Comments:						
Approved By:			Date:			