



www.newtown-ct.gov/health-district

APPLICATION FOR PROPERTY SIZE APPEAL

(formerly Health Panel Review)

Fee: \$50

APPLICATION DATE: _____

PROPERTY ADDRESS: _____

LOT SIZE: _____ ACRES

OF BEDROOMS: _____

APPLICANT NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY OWNER NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

REASON FOR APPLICATION: _____

Water Supply: circle one: Public Private Well Is public water available? Yes No

An A-2 survey map or equivalent must be provided with the application, indicating the following:

- a. Total lot size
- b. Contour lines of five feet or less
- c. Existing water courses (perennial and intermittent)
- d. Existing and/or proposed septic systems on property
- e. Existing and/or proposed wells on property
- f. Existing septic systems/wells on adjoining properties
- g. Location of all structures, driveways, drains on property
- h. Road drainage pipes or catch basins
- i. A code-complying area pursuant to Connecticut General Statutes, Sec. 19-13-B100a

Other information may be requested as part of the application review process, such as:

- a. Soils report
- b. Hydrology study
- c. Nitrogen Renovation Analysis
- d. Water quality analysis from area wells
- e. Other: _____

Signature of Owner/Applicant: _____ Print Name: _____

NOTE: Property Owner is responsible for obtaining any federal, state or local permits as required by law.

Health District Use Only: Fee Paid: _____ Check #: _____ Cash: _____

Comments: _____

Decision: Approved / Denied Date: _____ *Attach all related documents.