

Be Healthy ... Be Happy
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NEWTOWN DISTRICT DEPARTMENT OF HEALTH

Application for Building Permit Approval/Sign-off

This is not a Building permit

You must obtain a permit from the Building Department prior to any construction.

Owner	Street Address of Proposed Project	Town
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Owner's Address, Town, State, Zip Code	Owner's Tel. No./Fax No.
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Lot Size	Septic and Well Information provided	YES	NO
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This application must be accompanied by:

- A sketch/drawing showing relative distances to septic systems and wells, and a code complying area, if required.
- A check made payable to *Newtown Health District* in the amount of;

HABITABLE SPACE/STRUCTURE	<u>\$50.00</u>	Check No. _____
ACCESSORY STRUCTURE	<u>\$10.00</u>	Date _____

Description of Building/Addition/Structure:

Owner or Applicant signature: _____ Date: _____

A letter of authorization is acceptable in place of the owner's signature

FOR HEALTH DISTRICT USE ONLY

APPROVED

DENIED

Comments:

Sanitarian _____ Decision Date _____