

Be Healthy ... Be Happy
31 Pecks Lane
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NEWTOWN HEALTH DISTRICT

APPLICATION & APPROVAL

for PERMIT TO CONSTRUCT a SEPTIC SYSTEM

LICENSED SEPTIC INSTALLER'S NAME: _____

INSTALLER'S ADDRESS: _____

INSTALLER'S TEL #: _____ FAX#: _____

ADDRESS OF PROPOSED SEPTIC SYSTEM: _____

ASSESSOR'S MAP _____ BLOCK _____ LOT _____

PROPERTY OWNER'S NAME: _____

OWNER'S TEL #: _____ FAX#: _____

OWNER'S MAILING ADDRESS: _____

NEW _____ \$100.00 REPAIR _____ \$50.00 check # _____ Date _____

RESIDENTIAL STRUCTURE: No. of Bedrooms _____

COMMERCIAL OR NON-RESIDENTIAL:

Square footage of building: _____ Design Flow (GALLONS PER DAY): _____

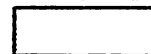
NOTE: This approval expires 12 months from date of issuance. This is NOT a plan approval.
This is a Permit-to- Construct – A septic plan approval must be obtained prior to this permit.

Date _____

Licensed Septic Installer's Signature

Licensed Septic Installer is responsible for scheduling inspections with Health District office.

FOR HEALTH DISTRICT USE ONLY — APPROVED



See attached **CONDITIONS** of **APPROVAL** page

Permit # _____ Issued By _____ Approval Date _____