

Be Healthy ... Be Happy
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NEWTOWN HEALTH DISTRICT

APPLICATION & APPROVAL for PLAN REVIEW for a NEW SEPTIC SYSTEM

NOTE: This approval expires 12 months from date of issuance. **This is only a plan approval – This is NOT a Permit-to- Construct – Installer must obtain a Separate Permit prior to any work.**

STREET ADDRESS OF PLAN: _____

ASSESSOR'S MAP _____ BLOCK _____ LOT _____

ENGINEER'S NAME: _____

ENGINEER'S TEL #: _____ FAX #: _____

ENGINEER'S ADDRESS: _____

OWNER'S NAME: _____

OWNER'S TEL #: _____ FAX#: _____

OWNER'S MAILING ADDRESS: _____

RESIDENTIAL STRUCTURE:

No. of Bedrooms _____ Plumbing in basement yes ___ no ___ Garbage grinder _____ yes ___ no

Jacuzzi or whirlpool ___ capacity in gallons _____ Any tubs over 100 gallons _____ yes ___ no

*If future pool location is known at the time of application, it should be shown on the design plan.

COMMERCIAL OR NON-RESIDENTIAL:

Square footage of building: _____ Intended use: _____

Number of employees: _____ Design Flow: _____

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A copy of an easements or deed restrictions must be attached.

If wetlands/watercourses exist, the Land Use Agency should be consulted to determine their requirements.

Allow 7-10 working days for plan review. Three sets of the septic proposal plan must accompany this application for the Health District to process application.

_____ Tel # _____ Date _____
Applicant Signature

FOR HEALTH DISTRICT USE ONLY: Fee paid _____ \$250.00 check # _____ Date _____

DENIED _____ APPROVED _____ See attached CONDITIONS of APPROVAL page

Application # _____ Reviewed By _____ Approval Date _____