



ROXBURY-860-355-2985

**NEWTOWN HEALTH DISTRICT**

**APPLICATION & APPROVAL for PLAN REVIEW for a SEPTIC SYSTEM REPAIR**

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 \_\_\_\_\_ \$50.00 check # \_\_\_\_\_ Date \_\_\_\_\_

**DENIED \_\_\_\_\_ APPROVED \_\_\_\_\_ See attached CONDITIONS of APPROVAL page**

Application # \_\_\_\_\_ Reviewed By \_\_\_\_\_ Approval Date \_\_\_\_\_

**Approval is issued for the above Licensed Installer's plan & is NOT transferable to another installer.**