

TOWN OF NEWTOWN BUILDING DEPARTMENT
203-270-4260
APPLICATION FOR SIGN PERMIT

Permit No.:

Date Issued:

Receipt Number:

Required Departmental Signoffs

Zoning

Health

Conservation

Is this structure in the Hattertown Historic District?

Is this structure in the Borough?

Is this structure an Historic Building so designated by The State Historical Preservation Officer?

Approval Signature of Historic District Representative

Email Address:

Date

Prop.Location Street Address

Map

Block

Lot

Dev. Lot

Zone

Owner's Name As It Appears In Land Records

Owner/Applicant To Fill Out Below Please Print or Type All Entries

Owner's Street Address

Town/City:

State

Zip Code

Area Code & Home Ph.No.

Work Ph.No.

Fax

Applicants Name If Not Owner

Address

Town/City:

State:

Zip:

Home Phone:

Work Phone:

Fax:

Contractors Name:

Contact Name:

Address:

Town/City:

State:

Zip:

Contact Phone Number:

Dimensions of sign(s)

Materials used for sign

How is it fastened?

Is there electric? Yes or No

Height from ground for pole sign

Lighted Sign?

Estimated Cost of Sign

Call Before You Dig 1-800-922-4455

Signature

Date

Letter of Authorization for homeowner/property owner to pull a permit using contractors Home Improvement Registration, Electrical, Plumbing, or Heating License.

Newtown Building Department
31 Peck's Lane
Newtown, CT 06470

To Building Inspector, Town of Newtown:

I _____, give _____ permission to obtain
a/an _____ permit using my License or Registration at the address of
_____.

My License or registrations number is _____ and expires on
_____.

Sincerely,

Date:

Letter of Authorization from homeowner/property owner allowing the contractor to pull a building permit for their property.

Newtown Building Department
31 Peck's Lane
Newtown, CT 06470

To Building Inspector, Town of Newtown:

I _____, give _____ permission to
obtain a building permit for a/an _____ at the address of
_____.

Sincerely,

Date:

Proudly serving the
towns of Bridgewater,
Newtown and Roxbury



3 Primrose Street
Newtown, CT 06470
P: (203) 270-4291

www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION FOR BUILDING PERMIT APPROVAL / SIGN OFF**

This is not a Building Permit - A permit from the Building Department is required prior to construction.

Street Address of Proposed Project		Town	
Owner	Phone	Email	
Contractor Name	Phone	Email	
Contractor Address	Town	State	Zip Code
Lot Size	Septic and Well Information Provided:		Yes No

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:**

FEES: circle appropriate fee:

- | | |
|----------|--|
| \$ 15.00 | Accessory Structure (on ground or sonotube) shed, deck, gazebo, etc. |
| \$ 25.00 | Addition/Structure (requiring foundation/slab) not habitable |
| \$ 50.00 | Additions, habitable space |
| \$ 50.00 | Commercial Building/Space, per 1,000 square feet |
| \$ 25.00 | Commercial Building Fit-out |
| \$ 25.00 | Finished Basement, without potential BR |
| \$ 50.00 | Finished Basement, with potential BR |
| \$100.00 | New Residential/Per Single Family Unit |
| \$ 10.00 | Properties on public sewer |
| \$ 10.00 | Residential Renovations/Change of Use |
| \$ 25.00 | Swimming pool, above ground |
| \$ 50.00 | Swimming pool, in-ground |

Description of Building/Addition/Structure:_____

Owner or Applicant Signature:_____ Date:_____

A letter of Authorization is acceptable in place of Owner's Signature.

Health District Use Only

APPROVED_____ **DENIED**_____ Fee Paid:_____ Check #:_____ Cash:_____

Comments:_____

Sanitarian:_____ Decision Date:_____



Address for Land Use Files

**TOWN OF NEWTOWN
APPLICATION FOR ZONING PERMIT**

1. Owner _____

7. Attached Plans: _____ yes _____ no

2. Address _____

_____ not necessary

3. Applicant _____

8. Fee Collected: \$ _____

4. Permit for (Specify use below selection):

By/date: _____

a) _____ New Building or Structure

9. Will any topsoil or earth materials other than

b) _____ Enlarged Building or Structure

topsoil be removed from the lot or onto the

c) _____ Structural Alteration (no increase in area)

lot? _____ yes _____ no

d) _____ Landscape Work (includes 1/4 acre ponds)

10. Required Parking Spaces _____

e) _____ Change in Use

Additional Notes:

f) _____ Temporary Use

g) _____ Other Use

Description of Activity: _____

5. Present Use of lot (i.e. Single Family Residence)

6. Signs: _____ Temporary

a) Dimensions _____

Owner/Applicant

Month/Day/Year

b) Lettering _____

c) Location _____

Enforcement Officer

Month/Day/Year

d) Dates to be posted _____

*I declare under penalties of false statements that the
statements of the foregoing application are
complete and true.*