

# *Borough of Newtown*

## **SHED PERMIT**

Application for a one-story detached accessory structure  
with a floor area that does not exceed 200 square feet.

### **REQUIRED DEPARTMENTAL SIGNOFFS**

Tax Assessor:	Tax Collector:	Health:
Zoning:	Conservation:	

### **TO BE FILLED OUT BY TAX ASSESSOR'S OFFICE**

Unique Number		Date		
Code	Prop. Location Street Address			
Map	Block	Lot	Zone	

Owner's Name as it appears in Land Records
--

### **OWNER/APPLICANT TO FILL OUT BELOW (Please Print or Type)**

Owner's Street Address	Date		
Town	State	Zip	
Home Phone	Cell	Work Phone	Fax

Applicant's Name if not Owner			
Address			
Town		State	Zip
Home Phone	Cell	Work Phone	Fax

Description of the Project:
-----------------------------

Will any topsoil or earth materials other than topsoil be removed from the lot or onto the lot? Yes \_\_\_\_\_ No \_\_\_\_\_

Has work been done without a permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* CALL BEFORE YOU DIG (CBYD) 1-800-922-4455 \*\*\*\*\***

Inspected by (ZEO Signature): \_\_\_\_\_ Date: \_\_\_\_\_