



WESTPORT WESTON HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571

Non-Transferable
Approval Valid for One Year
Fee - \$30.00
Fee is Non-Refundable

**APPLICATION TO INSTALL GENERATORS,
FUEL STORAGE TANKS & OUTDOOR HVAC UNITS**

Location: _____ Westport Weston

Owner: _____ Address: _____

Installer: _____ Lic. No: _____ Tel: (_____) _____

Owner/applicant accepts full responsibility for the accuracy of the information and plot plan provided.
Owner/applicant also accepts the responsibility for the relocation of the proposed generator/buried or above ground storage tank or outdoor HVAC unit should it be necessary to repair/replace the well and/or septic system within the required separating distance.

Provide a plot plan showing the proposed generator, fuel storage tank or outdoor HVAC unit. Show the existing well and the septic system.

North Indicated

Applicant's Signature: _____

Date: _____

Please Print: _____

APPLICATION APPROVED DENIED OTHER

Signature of Sanitarian: _____

Date: _____

Copy to Building Department