



**WESTPORT WESTON HEALTH DISTRICT**

180 Bayberry Lane, Westport, CT 06880-2855  
Telephone: (203) 227-9571 Fax (203) 221-7199

**PERMIT AUTHORIZATION FOR APPLICATION TO  
CONSTRUCT, ALTER OR REPAIR SEWAGE DISPOSAL  
SYSTEMS**

To Whom It May Concern:

I hereby declare that I am the owner of the premises described as follows:

\_\_\_\_\_ Street Address/Job Site Location

\_\_\_\_\_ City State Zip Code

That \_\_\_\_\_ is duly authorized for and on my behalf to execute an application for health permits to commence construction at the above site.

Date: \_\_\_\_\_

Owner: *(Please print name)*: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Owner's Telephone #: \_\_\_\_\_ Owner's e-mail address: \_\_\_\_\_  
(Include area code)

Owner's Representative: *(Please print name)*: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Rep's Telephone #: \_\_\_\_\_ Rep's e-mail address: \_\_\_\_\_  
(Include area code)