



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)