



# WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

## APPLICATION FOR A NEW HOUSE

Fee is non-refundable.

Fee: \$285.00 Initials: \_\_\_\_\_

DATE: \_\_\_\_\_ OWNER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ TEL. No: \_\_\_\_\_  
STREET TOWN ZIP

NEW HOUSE: No. of Bedrooms \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_

Finished Basement:  Yes  No Finished Attic:  Yes  No  
Proposed Tubs more than 99 gallons:  Yes  No

WATER SUPPLY: Public Water  Yes  No  
Private Well  Yes  No

Footing drains required:  Yes  No Water treatment Proposed:  Yes  No  
Lawn irrigation Proposed:  Yes  No Geothermal wells proposed:  Yes  No

Septic System Design Engineer: \_\_\_\_\_

Proposed Septic System: \_\_\_\_\_  
Tank Size Leaching

OWNER OR DULY AUTHORIZED REPRESENTATIVE (PRINT) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner or Duly Authorized Representative

Contact Telephone No: \_\_\_\_\_

### WWHD REMARKS:

CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Septic As-built received:  YES  NO Date: \_\_\_\_\_  
Well water approved:  YES  NO Date: \_\_\_\_\_  
Well completion report received:  YES  NO Date: \_\_\_\_\_

FINAL INSPECTION: \_\_\_\_\_ Date: \_\_\_\_\_  
SANITARIAN

FINAL REMARKS: \_\_\_\_\_  
\_\_\_\_\_

