



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

Fee: \$660.00 Date Paid _____

APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW: (NEW ESTABLISHMENT)

Name of Business: _____

Address of Business: _____ Town: _____ ZIP: _____

Contact Person Name: _____ Phone: (____) _____

E-mail: _____ Fax: (____) _____

Mailing Address: _____ Town: _____ ZIP: _____

Owner Mailing Address: _____ Town: _____ ZIP: _____

Architect Mailing Address: _____ Town: _____ ZIP: _____

Food Establishment Food Store Take Out Only Catering Food Service Other _____

Which of the following are served? Breakfast _____ Lunch _____ Dinner _____

Days/Hours of Operation: _____

Water Supply

Public Water Private well (Provide a well water analysis current within 1 year)

-Is the well part of a public water system? Yes ___ or No ___

Sewage Disposal

Public Sewer Septic System – if sewage disposal is via a septic system, how many seats are proposed? _____

I attest here that the information supplied here is accurate and correct.

 Signature and Title

 Date

 Please TYPE or Print Name

 For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered:
By:	By:	By:



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

<p>Fee: \$295.00 Date Paid</p>

**APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW:
 (RENOVATION)**

Name of Business: _____

Address of Business: _____ Town: _____ ZIP: _____

Contact Person Name: _____ Phone: (____) _____

E-mail: _____ Fax: (____) _____

Mailing Address: _____ Town: _____ ZIP: _____

Owner Mailing Address: _____ Town: _____ ZIP: _____

Architect Mailing Address: _____ Town: _____ ZIP: _____

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