



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

CONTACT INFORMATION / OWNER AUTHORIZATION

Project Address:

<hr/>		
Street Address/Project Location		
<hr/>		
<hr/>	<hr/>	<hr/>
Town	State	Zip Code

Application(s) being submitted:

Description of Proposed Work:

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Applicant's/Agent's Information: To be contact person regarding above applications (☐ Applicant is Owner)

Name: Phone# (____) _____ - _____

Company _____

Mailing Address: _____

Street Address

Town/City State Zip Code

Email: _____

Property Owner Authorization

I hereby declare the following:

1. That I am the Owner of the premises listed as *Project Address* above.
2. That the *Applicant/Agent*, listed above, is duly authorized on my behalf to execute the *Application(s)*, listed above, to obtain health approval(s) and permit(s) to commence construction of the *Proposed Work* described above.

_____ Owner's Signature	_____ Date	_____ Applicant/Agent's Signature	_____ Date
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Owner's Information: ☐ Please include owner in all correspondence regarding above applications

Name: _____

Phone# (____) _____ - _____ Email: _____

Company _____

Mailing Address: _____

Street Address

Town/City State Zip Code