FEE \$40.00 Non-Transferable Approval Valid for One Year



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

APPLICATION TO INSTALL GENERATOR, FUEL STORAGE TANKS & OUTDOOR HVAC UNITS

| Location: | | | | ☐ Westport ☐ Weston ☐ Easton | | | |
|--|--|--|--|---|-------------|----------------------------|--|
| | | | | | | | |
| Installer: | | L | ic. No: | Te | el: (| _) | |
| Owner/applicant acc Owner/applicant also above ground storag septic system within | cepts full resp o accepts the se tank or out | consibility for the responsibility to the transfer of the tran | the accuracy of for the relocate it should it be | f the information a tion of the proposed | nd plot pla | n provided. :/buried or | |
| Provide a plot plan sl | howing the pro | | _ | ank or outdoor HVA | C unit. Sho | w the existing well | |
| | | and the | septic system. | | | I | |
| | | | | | | North Indicated | |
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| | | | | | | | |
| | | | | | | | |
| Please indicate: Generator HVAC Oil - above ground Oil-below ground Propane - above ground Propane -below ground | | | | | | | |
| Applicant's Signature: | | | | Da | te: | | |
| Please Print: | | | | | | | |
| APPLICATION APPRO | VED □ | DENIED | OTHER | . 🗆 | | | |
| Signature of Sanitarian: | | | | Date: | | | |