



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

TOWN REQUESTED CHANGE OF PLAN

This form is for town requested change of plans ONLY, whereby a town department requires the Aspetuck Health District's signoff on changes the town has requested and those changes DO NOT change the site plan.

Please complete this form and provide the following information.

- ☐ 1. Updated site plans – 2 copies
- ☐ 2. A letter from a Professional Engineer describing the changes made to the plan. The letter must be signed and have a seal from the P.E. Emails will not be accepted.

PROJECT ADDRESS:

STREET	TOWN	ZIP
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APPLICANT CONTACT INFORMATION:

NAME:	PHONE:	EMAIL:
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DESCRIPTION OF CHANGE:

Reviewed by: _____ Date: _____

Sanitarian's Signature