ASPETUCK HEALTH DISTRICT

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

PLAN CHANGE

This form is for proposed plan changes not requiring changes to the initial application. This plan change applies to the original plan dated_____which has been amended to the plan dated_____.

Please complete this form and provide the following information.

☐ 1. Updated site plans – copies for non-septic install

☐ 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

APPLICANT CONTACT INFORMATION:

_____

NAME: PHONE: EMAIL:

DESCRIPTION OF CHANGE:

_____

_____

_____

_____

_____

Reviewed by:_____Date:_____

Sanitarian's Signature