ASPETUCK HEALTH DISTRICT
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:

_____
Street Address/Project Location

_____
Town State Zip Code

Application(s) being submitted: **Description of Proposed Work**:

_____ _____

_____ _____

_____ _____

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

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

_____