



WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

Fee is non-refundable.

Fee: \$200.00 Initials: _____

APPLICATION FOR NEW HOUSE

DATE: _____ OWNER'S NAME: _____

PROPERTY ADDRESS: _____ TEL. No: _____
STREET TOWN ZIP

NEW HOUSE:

No. of Bedrooms _____ No. of Bathrooms: _____

Finished Basement: Yes No Finished Attic: Yes No
Proposed Tubs more than 99 gallons: Yes No

WATER SUPPLY: Public Water Yes No
Private Well Yes No

Footing drains required: Yes No Water treatment Proposed: Yes No
Lawn irrigation Proposed: Yes No Geothermal wells proposed: Yes No

Septic System Design Engineer: _____

Proposed Septic System: _____
Tank Size Leaching

OWNER OR DULY AUTHORIZED REPRESENTATIVE (PRINT) _____

Signed: _____ Date: _____
Owner or Duly Authorized Representative

Contact Telephone No: _____

WWHD REMARKS:

CONDITIONS: _____

APPROVED: _____ Date: _____

Septic As-built received: YES NO Date: _____
Well water approved: YES NO Date: _____
Well completion report received: YES NO Date: _____

FINAL INSPECTION: _____ Date: _____
SANITARIAN

FINAL REMARKS: _____

