



Northeast District Department of Health
69 South Main Street, Unit 4
Brooklyn, CT 06234
Phone - 860-774-7350 / Fax – 860-774-1308
www.nddh.org

LETTER OF CONSENT

_____ (DATE)

To Whom It May Concern:

I, _____, legal property owner of:

Street: _____, Town: _____

Map #: _____, Block #: _____, Lot #: _____, Dev Lot N#: _____,

As recorded in the Town Assessor's Office, do hereby authorize :

to act as my agent and grant permission to apply for:

1. _____ Soil Testing
2. _____ Permit to Construct or Repair a Septic System
3. _____ Other: _____

In evaluating this application, I realize that the Northeast District Department of Health has relied on information provided by the applicant or agent. If such information subsequently proves to be false, deceptive, incomplete and/or inaccurate, service will be suspended and any permits issued will be revoked. I understand that a permit to construct is issued to a specific CT Licensed Installer, is the property of the installer, and is not transferable.

The undersigned swears that the information supplied in the completed application is accurate to the best of his/her knowledge and belief.

Signature of Legal Property Owner

Date

Telephone #

Signature of Appointed Agent

Date

Telephone #