

**APPLICATION FOR SUBDIVISION/LAND
DEVELOPMENT REVIEW**

Developer/Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

e-mail: _____ Phone: _____

Subdivision Name: _____

City: _____ County: _____

Location of Subdivision: _____

Legal Description: Township _____ Range _____ Section _____ ¼ Section _____ ¼ Section _____

Site Parcel Number: _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

e-mail: _____ Phone: _____

Engineer: _____ License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

e-mail: _____ Phone: _____

Surveyor: _____ License Number: _____

e-mail: _____ Phone: _____

PROJECT DESCRIPTION

LAND INFORMATION

Total Acres: _____ Total # Lots: _____ Buildable Lots: _____ Non-buildable Lots: _____
Minimum Lot Size (acres): _____ Average Lot Size (acres): _____

WATER SUPPLY

Source of Water Supply: Surface Water Groundwater
Type of Water Supply: Private Well Shared Well Public Water System (Will Serve Letter required)
If supplied by a public water system (PWS), name of the PWS: _____

SEWAGE DISPOSAL

Proposed type of sewage disposal system(s): Individual Septic (Will Not Serve Letter required if project is within 2,000 ft. of municipal sewer)
 Municipal Sewer (Will Serve Letter required)
 Central Septic or LSAS Septic (>2 dwellings or 2,500 gpd)
If municipal sewer is proposed, services to be provided by: _____
Will Serve Letter provided by municipality: Yes No N/A

PLAT INFORMATION

Type of Plat: Residential Commercial Industrial
Location: City County City Impact Zone
Directions: _____

STORMWATER RETENTION

Disposal Type: Shallow Injection Wells (drywells) Grassy Swale N/A
Service for: Street Only Street & Lots Other N/A

CHEMICAL & HAZARDOUS MATERIALS (Commercial or Industrial Subdivisions Only)

Are chemicals or petroleum products likely to be stored/handled/used at these sites? Yes No N/A
If yes, provided a description: _____

Applicant Signature: _____ Date: _____

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected and canceled. I accept the responsibility to notify the Health District of any changes to the above information, if performed prior to the finalization of the plat. I hereby authorize the Health District to have access to this property for the purpose of conducting any site-evaluations, if applicable, to determine the suitability of on-site subsurface sewage disposal or to verify the accuracy of this application.

This Section for Official Use Only

If on-site subsurface sewage disposal systems are proposed, pre-development meeting should be held with the Health District.

Date of Meeting: _____

Application Date: _____	Fee \$ _____	Date Paid: _____
Subdivision #: _____	Fee \$ _____	Date Paid: _____
File/Document #: _____	Receipt #: _____	
Instrument #: _____	Receipt #: _____	

Sanitary Restrictions: In-Force Satisfied See Attached Letter

REHS Signature: _____ EHS #: _____ Date: _____