

WEBER-MORGAN HEALTH DEPARTMENT SUBDIVISION APPLICATION

FEE SCHEDULE: \$240 (1-4 LOTS) ADDITIONAL LOTS (OVER 5) \$50/LOT

SUBDIVISION AND PROPERTY INFORMATION

Subdivision Name:

Previous Name(s):

Approximate Address:

Number of lots:

City:

State:

Zip

Culinary Water Provider:

Land Serial Number(s):

PROPERTY OWNER CONTACT INFORMATION

Name of Property Owner(s)

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

AUTHORIZED REPRESENTATIVE/ENGINEER CONTACT INFORMATION

Name:

Address:

Phone:

City:

State:

ZIP Code:

Email:

INFORMATION REQUIRED (IF APPLICABLE)

Preliminary Plat Submitted:

Topography:

Soil Evaluation(s):

Water table Monitoring:

Septic and wellhead location for existing infrastructure:

Percolations Results:

Location of nearest sewer and public water systems (Zone 2 delineation):

Square footage and slopes of each proposed lot outside of any easements:

SIGNATURES

I understand that this document is a guide for the submittal of information that may be required for approval of a new subdivision. Additional information may be required during the course of plan review. Completion of these requirements is not an assertion of the ability to subdivide.

Signature of applicant:

Date:

Signature of Authorized Representative:

Date:

OFFICE USE

RECEIVED BY:

PAID:

DATE: