



Environmental Health

APPLICATION FOR PRELIMINARY SUBDIVISION APPROVAL

NAME OF SUBDIVISION: _____

NUMBER OF LOTS: _____ TOTAL ACRES: _____

ROAD: _____

DIRECTIONS TO PROPERTY: _____

OWNER OF PROPERTY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON / DEVELOPER: _____

PHONE: _____

Office _____ Home _____ Cellular _____

E-MAIL ADDRESS: _____

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PROPERTY INFORMATION:

NUMBER OF EXISITING HOMES: _____

Lot Number _____ Number of Bedrooms _____ Year Built _____

Lot Number _____ Number of Bedrooms _____ Year Built _____

Lot Number _____ Number of Bedrooms _____ Year Built _____

WATER SUPPLY: WELL: _____ UTILITY: _____

PUBLIC SEWAGE SYSTEM: ACCESSIBLE: YES _____ NO _____

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TURN OVER PLEASE

REVIEW REQUIREMENTS FOR MAPS

1. Is a High Intensity Soil Map with property boundaries attached ? ☐ Yes ☐ No
(2 copies required)

NOTE: Soil information is required on all lots that are shown on survey regardless of size.

2. Are all maps on the scale of 1" = 100' ? ☐ Yes ☐ No
3. Does the boundary survey have a location map ? ☐ Yes ☐ No
4. Does the boundary survey have a accuracy statement ? ☐ Yes ☐ No
5. Does the boundary survey have surveyor's seal and signature ? ☐ Yes ☐ No
6. Does the boundary survey have a North arrow ? ☐ Yes ☐ No
7. Are existing homes shown on boundary survey ? ☐ Yes ☐ No

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**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE: _____ DATE: _____

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TO BE COMPLETED BY THE HEALTH DEPARTMENT

DATE: _____ AMOUNT PAID: _____

RECEIPT NUMBER: _____