



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Application for Subdivision/Land Development Review

FEES:

Central Water Sewer

Plats:

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On-Site Sewage Plats or

Parcel Splits:

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Developer/Applicant Name: _____ Phone #: _____ Fax#: _____

Mailing Address: _____
Street/P.O. Box City State Zip

E-mail address: _____

Name of Subdivision: _____

City: _____ County: _____

Location of Subdivision: _____

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

Parent Parcel Number of Site _____

Property Owner (if different): _____ Phone #: _____ Fax#: _____

Mailing Address: _____
Street/P.O. Box City State Zip

E-mail address: _____

Engineer: _____
Name Phone License #

Mailing Address: _____
Street/P.O. Box City State Zip

E-mail address: _____ Fax#: _____

Surveyor: _____
Name Phone License #

Land

Acres _____ Total # Lots _____ Buildable _____ Non-buildable _____

Minimum Lot Size in Acres _____ Average Lot Size in Acres _____

Water

Type of Water: ☐ Private Water ☐ Shared Well (Non-Public) ☐ Public Water System

Water Supply: ☐ Surface Water ☐ Ground Water

If Public Water System, services provided by: _____

Sewer

Type of sewage disposal system:

- ☐ Individual Septic ☐ Municipal Sewer
☐ Central Septic &/or LSAS Septic (>2 dwellings or 2500gpd)

If municipal sewer, services provided by: _____

Type of Plat: ☐ Residential

☐ Commercial

☐ Industrial

Location: ☐ City

☐ County

☐ Impact Zone

Directions: _____

Stormwater

Type of Disposal: ☐ Shallow Injection Wells (drywells)

☐ Grassy Swale

☐ N/A

Service for: ☐ Street Only

☐ Street and 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, please explain: _____

Applicant Signature: _____ Date: _____

This Section for Official Use only

If on-site sewage disposal systems used; date predevelopment meeting held with District (if required):

Date of Meeting: _____

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

Sanitary Restrictions: ☐ In-Force

☐ Satisfied

☐ See Attached Letter

EHS Signature: _____ EHS #: _____ Date: _____