



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Application for Subdivision/Land Development Review

FEES:

Central Water Sewer
Plats:

On-Site Sewage Plats or
Parcel Splits:

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 \$ _____	Receipt # _____
File/Document # _____	Instrument# _____	
Final Plat Approval Date _____	Fee \$ _____	Receipt # _____

Sanitary Restrictions: In-Force Satisfied See Attached Letter

EHS Signature: _____ EHS #: _____ Date: _____