Housatonic Valley Health District
Application for Subdivision Review

Application fee: *$300.00* *Must be made payable to HVHD*
Fee per lot: *$250.00*
Soil testing fee (per lot): *$250.00*

This application shall apply to any and all divisions of land being reviewed for approval, including: free cuts, one time splits and subdivisions of three (3) lots or more. The number of lots is to include the existing structures, if any.

Completed applications must include a fee and a complete set of plans at no greater than 1" = 40' scale showing the house location, well, sanitary system and grading plan. Soil test locations (deep hole and percolation) shall be included and soil results reported for each lot.

Name of Subdivision: _____

Address/Location: _____

General Information:

Proposed Number of Lots: _____	Land Area: _____
Public Sewer ☐ Septic System ☐	Water Supply: Private ☐ Public ☐

Owner of Record: _____ Phone: _____

Address: _____

Street Town State Zip

Applicant: _____ Phone: _____

Email: _____

Address: _____

Street Town State Zip

Signature: _____ Date: _____

(Owner or Duly Authorized Representative)

FOR DISTRICT USE ONLY:

Check# _____	**Date Paid** _____	**$ Amount** _____	**Rec'd by** _____

Approved: ☐ Signed:_____ Date:_____ Plan Date:_____

Comments: _____

ALL APPLICATION FEES ARE NON-REFUNDABLE