



# 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 <input type="checkbox"/> Septic System <input type="checkbox"/>	Water Supply: Private <input type="checkbox"/> Public <input type="checkbox"/>

**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:**

<input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____	Date Paid _____	\$ Amount _____	Rec'd by _____
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Approved:  Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_

Comments: \_\_\_\_\_