



**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 # \_\_\_\_\_

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 #: \_\_\_\_\_

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 # _____
Final Plat Approval Date _____	Fee \$ _____	Receipt # _____

Sanitary Restrictions:  In-Force  Satisfied  See Attached Letter

EHS Signature: \_\_\_\_\_ EHS #: \_\_\_\_\_ Date: \_\_\_\_\_