



APPLICATION FOR SUBDIVISION PLAN REVIEW

Location: _____ **Town:** _____

Sub-Division Name: _____

Developer/Owner: _____ **Tel:** (_____) _____

Address: _____ **Town:** _____ **ZIP:** _____

Contact Person's Name: _____ **Tel:** (_____) _____

Address: _____ **Town:** _____ **ZIP:** _____

Engineer's Name: _____ **Tel:** (_____) _____

Address: _____ **Town:** _____ **ZIP:** _____

FEE: \$165.00 / LOT
FEE IS NON-REFUNDABLE

Total Acres: _____

Proposed Number of Lots: - _____

Water Supply: - _____

Initial Map Received Date - _____

Amount Paid: \$ _____.
- _____

Stamp Date Above

Inspections: _____

AHD approval (Letter to P & Z) Date of Letter: _____ No. Lots: _____

Mylar Map signed by *Director of Health* Date: _____

Final AHD Map File No.: _____