

ASPETUCK HEALTH DISTRICT

Non-Transferable Approval Valid for One Year

180 Bayberry Lane, Westport, CT 06880-2855 *Telephone: (203) 227-9571*

APPLICATION FOR SUBDIVISION PLAN REVIEW

Location:	Town:
Sub-Division Name:	
Developer/Owner:	
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:	Amount Paid: \$
Proposed Number of Lots:	
Water Supply:	
Initial Map Received Date	Stamp Date Above
Inspections:	
AHD approval (Letter to P & Z) Date of	f Letter: No. Lots:
Mylar Map signed by Director of Health	Date:
Final AHD Map F	File No.: