

**FEE: \$175.00 /LOT**  
**FEE IS NON-**  
**REFUNDABLE**



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880  
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**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:** \_\_\_\_\_

**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.:** \_\_\_\_\_