



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

FEE: \$180.00 /LOT
FEE IS NON-
REFUNDABLE

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.: _____