

## Application for Subdivision/Land Development Review

In Valley, Elmore, Boise and Ada Counties contact Central District Health for fee information. 208 327-7499 cdh.idaho.gov

## Idaho Public Health Districts

Developer/Applican	t Name:					
			#:			
Mailing Address:						
E-mail address:	Street/P.O. Box		City		Zip	
		County:				
	sion:					
	½ of the					
Parent Parcel Numb	er of Site					
Property Owner (if d	lifferent):					
Phone #:		Cell Phone #:				
Mailing Address:						
E-mail address:	Street/P.O. Box		City		Zip	
Engineer Firm:						
M-:1: A 11	Name		Phone # Cell Pho		Cell Phone #	
Mailing Address:	Street/P.O. Box		City	State	Zip	
E-mail address:			License #:			
Surveyor:						
	Name		Phone #		License #	
		Land				
Acres	Total # Lots	Buildable	Non-buildable			
Minimum Lot Size in Acres		Average Lot Size in Acres				

Type of Water:	☐ Private Water	Water  ☐ Shared Well (Non-Public) ☐ Public Water System				
Water Supply:	☐ Surface Water	☐ Ground Water	,	·		
If Public Water Sys	tem, services provided	d by:				
		<b>G</b>				
Type of sewage disp	posal system:	Sewer  ☐ Individual Septic ☐ Municipal Sewer ☐ Central Septic &/or LSAS Septic (>2 dwellings or 2500gpd)				
If municipal sewer,	services provided by:					
V 1	Residential City	☐ Commercial ☐ County				
	Stormwai	ter (Check only what appli	es)			
Type of Disposal: □	Shallow Injection We	ells (drywells)	wale Service for:	□ N/A		
☐ Street ☐	Street and Lots	□ Other		□ N/A		
		y District (HD) right-of-way  Mountain Home HD, Valley County Roa	∃Yes ad & Bridge Dept)	□ No		
• If the well is in the C	ity of Boise (not ACHD right-of-	opplication is submitted to IDWR (fees are not convay) the application and fee is submitted to the critical of the application and fee is submitted to IDWR (fees are not converge to the application).	e City of Boise	ct right-of-way SIW's)		
		emical/Hazardous Materi ercial or Industrial Subdivision				
If yes, please explain	:	ly to be stored/handled/used at	these sites?	Yes □ No □ N/A		
Applicant Signat	ture:	Date:				
	This S	Section for Official Use	e only			
If on-site sew	•	used; date predevelopment mee e of Meeting:	_	rict (if required):		
	Application Date	Fee \$	Fee \$			
	Subdivision #	Receipt #				
Sanitary Restriction			ee Attached Letter			
Signature:		EHS#:	Date:			