| Weber-Morgan health Department Subdivision Application | | | | | |
| --- | --- | --- | --- | --- | --- |
| Fee schedule: $195 (1-5 lots) ADDITIONAL lots (over 5) $45/lot | | | | | |
| Subdivision And property information | | | | | |
| Subdivision Name: | | | | | |
| Previous Name(s): | | | | | |
| Approximate Address: | | | | | Number of lots: |
| City: | State: | | | Zip | |
| Culinary Water Provider: | | | | | |
| Land Serial Number(s): | | | | | |
| Property owner contact information | | | | | |
| Name of Property Owner(s) | | | | | |
| Mailing Address: | | | | | City: |
| State: | | Zip Code: | | | Phone: |
| Fax: | | Email: | | | |
| Authorized representative/engineer contact informaton | | | | | |
| Name: | | | | | |
| Address: | | | | | Phone: |
| City: | | State: | | | ZIP Code: |
| Email: | | | | | |
| Information REQUIRED (if applicable) | | | | | |
| Preliminary Plat Submitted: | | | Topography: | | |
| Soil Evaluation(s): | | | Water table Monitoring: | | |
| Septic and wellhead location for existing infrastructure: | | | Percolations Results: | | |
| Location of nearest sewer and public water systems (Zone 2 delineation): | | | | | |
| Square footage and slopes of each proposed lot outside of any easements: | | | | | |
| Signatures | | | | | |
| I understand that this document is a guide for the submittal of information that may be required for approval of a new subdivision. Additional information may be required during the course of plan review. Completion of these requirements is not an assertion of the ability to subdivide. | | | | | |
| Signature of applicant: | | | | | Date: |
| Signature of Authorized Representative: | | | | | Date: |
| office use | | | | | |
| received by: Paid: Date: | | | | | |