| Weber-Morgan health Department Subdivision Application |
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| 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: |