



**Public Health**  
Prevent. Promote. Protect.

# Application for Subdivision/Land Development Review

Southwest District Health  
13307 Miami Lane, P. O. Box 850  
Caldwell, ID 83606

Phone: 208.455.5400, Fax: 208.455.5405

FEES:

Central Water Sewer

Plats:

\$100.00

On-Site Sewage Plats or

Parcel Splits:

\$250 + \$300 per lot

## Idaho Public Health Districts

Developer/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Location of Subdivision: \_\_\_\_\_

Legal Description: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ 1/4 Section \_\_\_\_\_

Parent Parcel Number of Site \_\_\_\_\_

Property Owner (if different): \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Engineer: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ License # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax#: \_\_\_\_\_

Surveyor: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ License # \_\_\_\_\_

### *Land*

Acres \_\_\_\_\_ Total # Lots \_\_\_\_\_ Buildable \_\_\_\_\_ Non-buildable \_\_\_\_\_

Minimum Lot Size in Acres \_\_\_\_\_ Average Lot Size in Acres \_\_\_\_\_

### *Water*

Type of Water:  Private Water  Shared Well (Non-Public)  Public Water System

Water Supply:  Surface Water  Ground Water

If Public Water System, services provided by: \_\_\_\_\_

**Sewer**

Type of sewage disposal system:       Individual Septic       Municipal Sewer  
 Central Septic &/or LSAS Septic (>2 dwellings or 2500gpd)

If municipal sewer, services provided by: \_\_\_\_\_

Type of Plat:       Residential                       Commercial                       Industrial  
Location:       City                                       County                                       Impact Zone  
Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Stormwater**

Type of Disposal:     Shallow Injection Wells (drywells)       Grassy Swale                       N/A  
Service for:       Street Only       Street and Lots                       Other                                       N/A

**Chemical/Hazardous Materials**  
(Commercial or Industrial Subdivisions Only)

Are chemicals or petroleum products likely to be stored/handled/used at these sites?     Yes     No     N/A  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Section for Official Use only**

If on-site sewage disposal systems used; date predevelopment meeting held with District (if required):  
Date of Meeting: \_\_\_\_\_

Application Date _____	Fee \$ _____ Date _____
Subdivision # _____	Fee \$ _____ Date _____
File/Document # _____	Receipt # _____
Instrument # _____	Receipt # _____

Sanitary Restrictions:     In-Force                       Satisfied                       See Attached Letter

EHS Signature: \_\_\_\_\_ EHS #: \_\_\_\_\_ Date: \_\_\_\_\_