

## Application for Subdivision/Land Development Review



## **Public Health-Idaho North Central District**

Nez Perce County 215 10<sup>th</sup> Street Lewiston, ID 83501 (208) 799-3100 Fax (208) 799-0349 Latah County 333 E Palouse River Drive Moscow, ID 83843 (208) 882-7506 Fax (208) 882-3494 Clearwater County 105 115th Street Orofino, ID 83544 (208) 476-7850 Fax (208) 476-7494 Idaho County 903 West Main Grangeville, ID 83530 (208) 983-2842 Fax (208) 983-2845 Lewis County
132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

Developer/Applicant Name:	Pho	ne #:	Fax#:		
Mailing Address:					
E-mail Address:	O. Box	City	State	Zip	
Name of Subdivision:					
City:	County:				
Location of Subdivision:					
Legal Description: 1/4 Section	Section	Township	Range	:	
Parent Parcel Number of Site					
Property Owner (if different):	Ph	one #:	Fax#:		
Mailing Address:Street/P.0	O. Box	City	State	Zip	
E-mail Address:					
Engineer:					
Nam Mailing Address:	e	Phone		License #	
Mailing Address:  Street/P.G	D. Box	City	State	Zip	
E-mail Address:			Fax#:		
Surveyor:Name		Phone		License #	
	Land				
Acres Total # Lots Minimum Lot Size in Acres	Build Average Lo	Buildable Average Lot Size in Acres		Non-buildable	
	Water				
Type of Water:		<ul><li>Shared Well (Non-Public)</li><li>Ground Water</li></ul>		☐ Public Water System	
If Public Water System, services provide	ded by:				

## Sewer

Type of sewage d	isposal system:		<ul> <li>☐ Individual Septic</li> <li>☐ Municipal Sewer</li> <li>☐ Central Septic &amp;/or LSAS Septic (&gt;2 dwellings or 2500gpd)</li> </ul>				
If municipal sewe	er, services provided by	/:					
	☐ City		☐ Impact Zone				
		Stormwater					
Type of Disposal: Service for:	☐ Shallow Injection☐ Street Only ☐	` •	☐ Grassy Swale ☐ Other	□ N/A □ N/A			
	$\epsilon$	hemical/Hazardous N	<i><b>Iaterials</b></i>				
If yes, please ex	petroleum products lik kplain:	mercial or Industrial Subd	used at these sites?				
Applicant Signature: Date:							
If on-site sev	wage disposal systems i	Section for Officianused; date predevelopmenate of Meeting:	t meeting held with	District (if required):			
	Application Date _	Fee	Paid \$Date_				
	Subdivision #	Che	ck#				
	File/Document #	Rece	eipt #				
	Instrument #	Con	nputer #				
Sanitary Restriction	ons:  In-Force	☐ Satisfied	☐ See Attached	Letter			
EHS Signature:		EH\$	S #:	Date:			