



Pomperaug District Department of Health

77 Main Street North • Playhouse Corner • Suite 205 • Southbury, CT 06488
(203)264-9616 • Woodbury (203)266-4785 • Oxford (203)888-2543x3005
Fax (203)262-1960 • www.pddh.org

Rec #	_____
Date	_____
\$ Amount	_____
Rec'd By	_____

APPLICATION FOR SUBDIVISION REVIEW

This application shall apply to any and all divisions of land being reviewed for approval, including: free cuts, one time splits and subdivisions of three (3) lots or more. The number of lots is to include the existing structures, if any.

Name of subdivision _____

Address/ Location _____

General Information:

Proposed Number of Lots _____ Land Area _____

Public Sewer Septic System Public Water Private Well

Owner of record	_____	Phone	_____
Address	_____		
Street	Town	State	Zip

Applicant	_____	Phone	_____
Address	_____		
Street	Town	State	Zip

Engineer	_____	Phone	_____
Address	_____		
Street	Town	State	Zip

Applicant's Signature or Authorized Agent

Date

The completed application shall be submitted with:

1. Fees: A **\$300** application fee and a **\$350** per lot review fee.
2. A complete set of plans at no greater than 1" = 40' scale showing the house location, well, sanitary system and grading plan. Soil test locations (deep hole and percolation) shall be included and soil results reported for each lot.