

## Application for Subdivision/Land Development Review

In Valley, Elmore, Boise and Ada Counties contact Central District Health for fee information. 208 327-7499 cdh.idaho.gov

## Idaho Public Health Districts

Developer/Applican	t Name:						
			#:				
Mailing Address:							
E-mail address:	Street/P.O. Box		City		Zip		
	n:						
	sion:						
	½ of the						
Parent Parcel Numb	er of Site						
Property Owner (if c	lifferent):						
Phone #:		Cell Phone #:					
Mailing Address:			~				
E-mail address:	Street/P.O. Box		City		Zip		
Engineer Firm:			_				
M-:1: A 11	Name		Phone #		Cell Phone #		
Mailing Address:	Street/P.O. Box		City	State	Zip		
E-mail address:			License #:				
Surveyor:							
	Name		Phone #		License #		
		Land					
Acres	Total # Lots	Buildable	Non-buildable				
Minimum Lot Size in Acres		Average Lot Size in Acres					

Type of Water:	П	Private Wa	water  □ Shared Well (Non-Public) □ Public Water System							tem	
Water Supply:		☐ Surface Water ☐ Ground Water									
If Public Water Sy	sten	n, services p	rovide	d by:							
				Sewe	er						
Type of sewage disposal system:		☐ Individual Septic ☐ Municipal Sewer ☐ Central Septic &/or LSAS Septic (>2 dwellings or 2500gpd)							Ogpd)		
If municipal sewer	, ser	vices provid	led by:								
Type of Plat:			☐ County ☐ In			ndustrial mpact Zone					
		Sto	rmwa	ter (Check onl	y what a	upplies)	<u> </u>				
Type of Disposal:		Shallow In	jection	Wells (drywells	) 🗖	Grassy	Swale			N/A	
Service for:		Street		Street and Lots		Other				N/A	
• If the well is in	an A	CHD right-of- City of Boise (1	way the not ACH	application is subm ID right-of-way) the ght-of-way or City o	itted to IDV application f Boise) the	WR (fees and fee in application	s submitte on and fee	lected for A	ty of	Boise	way SIW's
		(		<i>emical/Hazar</i> ercial or Industri							
Are chemicals or p If yes, please explain	n:			ely to be stored/ha						□ No í	<b>J</b> N/A
Applicant Signature:			Date:								
		7	This S	Section for C	Official	Use o	nly				
If on-site sev	vage	disposal sy		used; date predeve of Meeting:				th Distric	et (if	frequired	1):
		Application I	Date		Fee \$_						
		Subdivision #			Receipt	.#			_		
Sanitary Restriction	ons:	☐ In-Force	e	☐ Satisfied			Attached	Letter	_		
Signature:				Ī	EHS#:			Date:			