



# Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483  
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www.nvhd.org

## APPLICATION FOR SUBDIVISION PLAN REVIEW & APPROVAL

**FEE: \$210** Non Transferable  
(per each plan revision after 1<sup>st</sup> -\$150)

This application shall apply to any and all divisions of land being reviewed for approval, including: free cuts, one time splits and subdivisions of two (2) lots or more.

Applicable fees and a complete set of site development plans shall be submitted with this application.

SUBDIVISION NAME: \_\_\_\_\_

ADDRESS/ LOCATION: \_\_\_\_\_

OWNER(S) OF DEVELOPMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER(S) ADDRESS: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ENGINEER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPOSED # OF LOTS: \_\_\_\_\_ PUBLIC WATER  PRIVATE WELL

PLANNING & ZONING REVIEW DATE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**\*NOTE: Allow 7 to 10 business days for plan review.**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_