

DELAWARE COUNTY HEALTH DEPARTMENT Environmental Health Division

Subdivision / Land Development Information Form

*Indicates required information.				
*UPI	*Municipality			
	DEP Code # <u>1-23</u>	DEP Code # <u>1-23</u>		
	*Subdivision Name			
*Cita Address and/ar Ctreat Inter-	a a sti a a			
*Site Address and/or Street Inters	(i.e.: 201 W Market St.	or NE Corner of W Market St	& N New St)	
*Developer		P	hone #	
*Developer Mailing Address				
*Property Owner				
Agent/Consultant Phone #			hone #	
Agent/Consultant Mailing Addres	s			
OR Development of existing Additional structure on le Existing structure, change	lot (i.e., an approved, vacant le ot (i.e., in-law suite, other struct ge in use (i.e., office to apartm ent *Type of Se lind cor Put nge (0 lots)	ewage Disposal ividual mmunity DEP Permiolic an Streams (Repair, 0 lo	*Type of Water Supply Individual it Public Community Well	
For Delaware County Health Subdivision Review Fee \$				
\$	Receipt #	Date	/ /	
\$	Receipt #	Date	1 1	
DCHD Review Date/		DEP Approval Date	e/	
Fotal # of approved lots	# of parent tract lot	:(s) = # of	new lots created	
SEO# D	atabase updated	/ /	_	