



DEVELOPMENT REVIEW APPLICATION

PROJECT INFORMATION

Project Name: _____

Project Address: _____

Legal Description: Quarter: _____ Section: _____ Twn: _____ Range: _____ Lot#: _____

Tax Serial/ _____ : _____ : _____ : _____ : _____ : _____

APN#(s): _____ : _____ : _____ : _____ : _____ : _____

Directions to site from
nearest arterial: _____

CHECKLIST *(This application must be submitted with one of the following completed checklists depending on your project)*

Checklist used: Public Sewer and Public Water On-site Sewage Treatment System(s) and/or Well Water

APPLICANT INFO

Name: _____ Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Email: _____

CONTACT INFO

Name: _____ Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SIGNATURE *Applicant's signature verifies submitted information is accurate and CCPH permission to enter the site and non-residential building*

Applicant Signature: _____ Date: _____

****ALL FEES ARE NON-REFUNDABLE; FEES MAY BE CHANGED WITHOUT NOTICE BY BOARD OF HEALTH****

FEE: _____ AR#: _____ INV#: _____ SR#: _____

Application Received by: _____ Date: _____

EHS Site Visit Dates: _____ By: _____

