



**WESTPORT WESTON HEALTH DISTRICT**

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

Non-Transferable  
Approval Valid for One Year

**APPLICATION FOR SUBDIVISION PLAN REVIEW**

Location: \_\_\_\_\_ Town: \_\_\_\_\_

Sub-Division Name: \_\_\_\_\_

Developer/Owner: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Engineer's Name: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FEE: \$165.00 / LOT**  
**FEE IS NON-REFUNDABLE**

Amount Paid: \$ \_\_\_\_\_ . \_\_\_\_\_

Stamp Date Above

Total Acres: - \_\_\_\_\_

Proposed Number of Lots: - \_\_\_\_\_

Water Supply: - \_\_\_\_\_

Initial Map Received Date - \_\_\_\_\_

Inspections: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WWHD approval (Letter to P & Z)      Date of Letter: \_\_\_\_\_      No. Lots: \_\_\_\_\_

Mylar Map signed by *Director of Health*      Date: \_\_\_\_\_

Final WWHD Map File No.: \_\_\_\_\_