

**Scituate Board of Health
Subdivision Plan Review Application**

FEES: Preliminary – 1-10 lots - \$150.00
 10-20 lots - \$200.00
 ➤ 20 lots – extra \$20.00/lot

 Definitive – 1-10 lots - \$200.00
 10-20 lots - \$250.00
 ➤ 20 lots – extra \$25.00/lot

Type of Subdivision: Preliminary ___ Definitive ___
 Number of Lots: _____

Name of Property Owner: _____
Address of Property Owner: _____
Phone No. Property Owner: _____

Name of Applicant: _____
Address of Applicant: _____
Phone No. of Applicant: _____

Copy of P&S Supplied: _____ or Permission of
Owner Supplied: _____

Type of Sewage Disposal: Gravity _____ Pump _____
 Innovative _____

Type of Ownership: Single Family __ Multi Family __ Condo __
Number of Gallons Per Day Projected Flow: _____

Number of Test Pits Done: _____
Number of Perc Tests Done: _____
Range of Perc Results: _____

This is located in the Water Protection Zone: Yes _____ No _____