

# Commonwealth of Virginia

## Application for Subdivision Review

(page 1 of 2 to be filled out by the Owner or Agent)

<b>VDH Use Only</b>
Health Department ID# _____
Due Date _____

Owner \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

Developer/Agent \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

AOSE \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

Directions to Property: \_\_\_\_\_

Name of Proposed Subdivision \_\_\_\_\_

Tax Map \_\_\_\_\_ Other Property Identification \_\_\_\_\_ Dimension/Acreage of Property \_\_\_\_\_

Number of lots proposed \_\_\_\_\_ Proposed water source (note: new or existing, public or individual) \_\_\_\_\_

General size of lots \_\_\_\_\_ (give range if appropriate)

Additional description of subdivision \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overview of soils and geology (optional but encouraged) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order for VDH to process a subdivision application you **must** attach a plat of the property showing the location of the proposed onsite sewage disposal systems and the reserve absorption areas (if required) and the location of the water supply system on each lot, if applicable. Each plat or subsection of a subdivision plat shall be accompanied by specific soil information for each lot (absorption area and reserve area). If not provided by the local subdivision ordinance, the district or local health department may require the plat to show streets, utilities, storm drainage, water supplies, easements, lot lines and original topographic contour lines by detail survey or other information as required.

When the OSE site evaluations are reviewed, the property lines, building location and the proposed well and sewage system sites **must** be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by an Onsite Soil Evaluator (OSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

