



NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

ENFIELD - 31 North Main Street - P.O. Box 1222 - Enfield, CT 06083 - (860) 745-0383 - Fax 745-3188
VERNON - 375 Hartford Turnpike, Suite 120 - Vernon, CT 06066 - (860) 872-1501 - Fax 872-1531
WINDHAM - Town Hall, 979 Main Street - Willimantic, CT 06226 - (860) 465-3033 - Fax 465-3032
STAFFORD - Town Hall, 1 Main Street - Stafford Springs, CT 06076 - (860) 684-5609 - Fax 684-1768

WILLIAM H. BLITZ, M.P.H., M.U.P., R.S.
DIRECTOR OF HEALTH

PLAN REVIEW APPLICATION Subdivision or Re-subdivision - **Three or More Lots**

Subdivision Name: _____

Street Location: _____

Town: _____

Number of Lots: _____

Owner/Developer Name: _____

Address: _____

Telephone Number: _____

Engineer's Name: _____

Address: _____

Telephone Number: _____

Plan Date: _____ Revision Date: _____

Assessor's Map, Block and Lot Number

Fee: \$100.00 per lot

NO PLAN WILL BE REVIEWED UNTIL THIS APPLICATION IS FULLY COMPLETED AND SUBMITTED WITH THE CORRECT FEE TO THIS OFFICE.