



**BLOUNT COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH**

APPLICATION FOR PRELIMINARY SUBDIVISION APPROVAL

NAME OF SUBDIVISION: _____

NUMBER OF LOTS: _____

ROAD: _____

DIRECTIONS: _____

OWNER OF PROPERTY: _____

MAILING ADDRESS: _____

PHONE: _____ (Office) _____ (Home) _____ (Pager) _____ (Mobile)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE: _____

TO BE COMPLETED BY HEALTH DEPARTMENT

DATE FEES PAID: _____ FEES PAID: _____

RECEIPT #: _____

PLEASE COMPLETE OTHER SIDE

TYPE OF DEVELOPMENT:

RESIDENTIAL: Number of Bedrooms (if known) _____
Basement _____ Yes _____ No
Multi Unit _____ Yes _____ No
Minimum SQ. FT. on Ground Floor: _____
Maximum SQ. FT. on Ground Floor: _____

COMMERCIAL: Number of Buildings _____
Size of Buildings (Square Footage) _____
Intended Use _____

WATER SUPPLY: _____ Well _____ Utility

PUBLIC SEWAGE SYSTEM: _____ Accessible _____ Not Accessible

REQUIREMENTS FOR REVIEW

- 1) Is a Soils Map with property boundaries attached? (2 Original Copies) _____ Yes _____ No
- 2) Does a boundary survey accompany this application? (5 Copies) _____ Yes _____ No
- 3) Are all maps on the scale of 1" = 100'? _____ Yes _____ No
- 4) Does the boundary survey have a location/vicinity map? _____ Yes _____ No
- 5) Does the boundary survey have a control statement? _____ Yes _____ No
- 6) Does the boundary survey have surveyors seal and signature? _____ Yes _____ No
- 7) Does the boundary survey have a North arrow? _____ Yes _____ No
- 8) Are there existing homes on lots (\$50.00 Fee)? _____ Yes _____ No

NOTE:

A soil map is required on all lots that are shown on plat regardless of size.

SURVEYOR INFORMATION

Survey Company Name: _____
Surveyor - Name: _____
Surveyor - Address: _____
Surveyor - Phone: _____ Fax: _____
Surveyor License Number: _____