



Fort Bend County Environmental Health Department Application for Subdivision Review

281-342-7469

281-342-5572 (FAX)

Name of Subdivision: _____

Location/Street: _____

City/Zip Code: _____

Name
(Owner/Developer): _____

Address: _____

City/Zip Code: _____ Phone: () _____ - _____
FAX: () _____ - _____

Project Engineer/Sanitarian: _____

Address: _____

City/Zip Code: _____ Phone: () _____ - _____
FAX: () _____ - _____

Total Size of the Property: _____ Acres

Number of Lots _____ Number of Reserves _____

Largest Lot Size: _____ Acres

Smallest Lot Size: _____ Acres

Types of Residences: Single Family Multi-Family

Is the property in the flood plain? All Part None

Is the property in the floodway? All Part None

Does the property have existing water wells? Yes No

Water Supply: Individual well _____ Public Well _____ TCEQ# _____ Community Well _____ TCEQ # _____

Name Of Water Utility District: _____

Wastewater Disposal: Public _____ On Site Sewage Facility _____

Does the property have existing On Site Sewage Facilities Yes No

Signature of Applicant

Date