



Septic Subdivision Review Application

____ Subdivision (5 or greater lots): Preliminary (54AG / 54AH) Final (54AK) Redesign (54AI)

____ Short Subdivision (4 or less lots): Preliminary (Method A) (54AM / 54AN) Final (54AO / 54AP) Redesign (No Fee)

Plat Name:		PDS File #:		
Property Tax Account #:		Sec:	Twp:	Rg:
Site Address:		City:		
Number of Acres:		Minimum Lot Size: (sq.ft.)		
Number of Lots:	Subdivision located 1,000 feet or greater from a landfill: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Water Supply: ____ Individual Wells
 ____ Public Water Name of Water System: _____

Owner Name:	Phone:	Email:		
Address:	City:	State:	Zip:	
Agent Name:	Phone:	Email:		
Address:	City:	State:	Zip:	
Designer / Engineer Name:	Phone:	Email:		
Address:	City:	State:	Zip:	

Refer to chapters 5.05 "General Provisions" and 5.20 "Land Division Review" Snohomish County Board of Health Code (SCBHC) for subdivision requirements and process.

I hereby certify that the information given in this application is a true and accurate representation of the existing conditions on this subdivision.

Signature of Owner / Agent: _____ Date: _____

Signature of Licensed Designer / Engineer: _____ Date: _____

License #: _____

Rev.10/6/25

Environmental Health Division

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