



MCHENRY COUNTY DEPARTMENT OF HEALTH  
 DIVISION OF ENVIRONMENTAL HEALTH  
 2200 NORTH SEMINARY AVENUE  
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<b>OFFICE USE ONLY</b>	STAFF INITIALS:
COMPUTER NUMBER:	
SUBDIVISION APP NUMBER:	
FEE COLLECTED:	
APPLICATION DATE:	
RECEIPT NUMBER:	

## SUBDIVISION REVIEW FOR SEPTIC SUITABILITY APPLICATION

SUBDIVISION FEE CATEGORY	
1 to 3 Lots	\$300.00
Each Lot Over 3	\$90.00

TOTAL NUMBER OF LOTS: \_\_\_\_\_

SUBDIVISION INFORMATION		
Subdivision Name:	City:	
Address:	Zip:	
Parcel Pin Number:	<i>Check One:</i>	
Lot Number:	<input type="checkbox"/> Incorporated	<input type="checkbox"/> Unincorporated

APPLICANT <input type="checkbox"/> <i>Check if same as owner</i>	PROPERTY OWNER
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

CONTACT PREFERENCE			
Contact Person:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Owner	
Preferred Contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone
Preferred Method of Correspondence:	<input type="checkbox"/> Email <input type="checkbox"/> Mail		
Permit Delivery Method:	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Mail To:	<input type="checkbox"/> Applicant <input type="checkbox"/> Owner

Applicant Signature & Print: \_\_\_\_\_ Date: \_\_\_\_\_