

*Township of Warren
Board of Health*

Somerset County

**46 Mountain Boulevard, Warren, New Jersey 07059-5695
908-753-8000 Extension 239 – (Fax) 908-757-9173**

APPLICATION FOR LAND SUBDIVISION

Location of subdivision: _____ Block: _____ Lot: _____

Owner of land being subdivided: _____

Address: _____

Date: _____ Phone Number: _____

Subdivider Name: _____ Address: _____

Nature of Interest in Land: _____

Total Area of Tract: _____ Portion being Subdivided: _____

Number proposed Lots (including remainder of original tract): _____

Subdivision Name (if any): _____

Proposed Method of Sewage Disposal:

Sewers connected to Warren Township Sewerage System

Individual Sub-surface Sewage Disposal System

Engineer performing soils testing: _____

License No. _____

Proposed Source of Potable Water Supply:

Connection to Existing Approved Public Water Supply

Name of Company _____

Address

Phone Number

New Public Potable Water to be supplied by: _____

Semi-Public Water supplied by: _____

Private Potable Well Water Supply

Signature of Subdivider

Consent to this application is given by:

Signature of Owner

Submit along with application documentation as noted on subdivision application checklist