



Town of Glastonbury

Health Department

Property Location: _____

Owner / Applicant: _____

Engineer / Designer _____

Address (to send plan review letters): _____

Telephone _____ Work: _____ Cell: _____

Date: _____

<u>Review Requested</u>	<u># Lots</u>		<u>Fee</u>
Subdivision/Multi-lot Plan Review (includes 1 revision) @ \$150 per lot			
Reviews after first Revision @ \$75/ lot:			
Single Lot/Site Plan Review (includes 1 revision) @ \$200/lot: **Includes Commission Reviews (TPZ & Conservation)			
Reviews after first Revision @ \$100/per all lots proposed:			
Food Service Plan Review @ \$150			
Reviews after Significant Plan Revision @ \$75			
Child Daycare Plan Review @ \$100			

Total Fee Due: _____

Fee Received: _____ Cash: _____ Check: _____ Receipt #: _____

Date Received: _____

Staff Plan Review Dates: _____

Revised: 9/2018