

Site Evaluation Application

Site Evaluation # _____

Perry County Health Department

409 Lincoln Park Drive
P.O. Box 230
New Lexington, OH 43764
<http://perrycountyhealth.info>
P: (740)-342-5179 F: (740)-342-5540

*The following items are required to accompany this application:

1. A Copy of current recorded plat map of the property.
2. An Engineer assigned address for the property (740) 342-2191
3. An application fee of \$125.00 (Checks payable to Perry County Health Department)
4. Contract with an State Approved Soil Scientist for soil site evaluation.

Applicant Name: _____ Property Owner: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

PROPERTY INFORMATION:

Location Address: _____

City: _____ State: _____ Township: _____ Zip: _____ Section: _____

Amount of Useable Ground (in number of acres): _____

PROPOSED BUILDING INFORMATION:

Is there a currently a dwelling located on the property? _____

Number of Bedrooms in the Dwelling? _____

Will/Does the structure have a basement with plumbing installed? _____

Type of Water Supply: WELL _____ CISTERN _____ PUBLIC WATER SUPPLY _____ OTHER _____

As an applicant, I declare the information provided is, to the best of my knowledge, true accurate and understand:

ALL FEES ARE NON REFUNDABLE

Applicants Signature: _____ Date: _____

Inspecting Sanitarians Conclusion of Proposed Building Site:

Site is Suitable: Y/N If No, Reason Being _____

Inspecting Sanitarian: _____ Date: _____

Date of Application: _____ Cash: _____ Check: _____ Receipt#: _____ Rec By: _____