

# Site Evaluation Application

Site Evaluation # \_\_\_\_\_



**Public Health**  
Prevent. Promote. Protect.  
**Perry County**  
Health Department

## 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 the current recorded plat map of the property.
2. An engineer's 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 a state approved soil scientist to produce a soil evaluation report.

**Applicant Name:** \_\_\_\_\_ **Property Owner:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### PROPERTY INFORMATION:

**Location Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Township:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Section:** \_\_\_\_\_

**Number of Acres:** \_\_\_\_\_

### PROPOSED BUILDING INFORMATION:

Are you building a new home? yes \_\_\_ no \_\_\_

Number of bedrooms in new home: \_\_\_\_\_

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

Type of Water Supply: WELL \_\_\_ CISTERN \_\_\_ PUBLIC WATER SUPPLY \_\_\_ OTHER \_\_\_\_\_

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

**ALL FEES ARE NON REFUNDABLE**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Inspecting Sanitarian's Conclusion of Proposed Building Site:

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

**Inspecting Sanitarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Check#:** \_\_\_\_\_ **Credit Card:** \_\_\_\_\_

**Receipt#:** \_\_\_\_\_ **Received By:** \_\_\_\_\_