



Perry County Health Department

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

*** The following items are required to complete this application:**

1. Minor Lot Split Form from the Engineers Office 8.5 x 14 Form
2. Fill out section one and section two.
3. Sign and date application.
4. A copy of current, or proposed plat map of the property.
5. An application fee of \$50.00 (checks payable to Perry County Health Department)

Section 1

Name: _____ Phone: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Section 2 Property Information

Location Address: _____

City: _____ Township: _____ Zip: _____ Sec: _____

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

ALL FEES ARE NON-REFUNDABLE

Applicant Signature: _____ Date: _____

Drawing of existing septic/water system: _____

Lot Split Approved by: _____ Date: _____

Date of Application: _____ Cash: _____ Check #: _____ Credit Card: _____ Receipt #: _____

Received By: _____