



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

**Perry County Health Department**  
409 Lincoln Park Drive, PO Box 230  
New Lexington, OH 43764  
Ph. 740.342.5179  
Fax: 740.342.5540  
perrycountyhealth.info

## Environmental Lot Split Form

Lot Split # \_\_\_\_\_

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

- ☐ Minor Lot Split Form from the Engineers Office (8.5" x 14" Form)
- ☐ Fill out section (1) and section (2).
- ☐ Sign and date application.
- ☐ A copy of current, or proposed plat map of the property.
- ☐ An application fee of **\$100.00** (Cash, Check, Money Order, or Debit/Credit Card – 3% fee will apply)

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### Section 1: Applicant/Owner Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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### 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:** \_\_\_\_\_

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### \*Health Department Use Only\*

Drawing of existing septic/water system: ☐ Y ☐ N

Lot Split Approved by: (REHS NAME) \_\_\_\_\_ Date: \_\_\_\_\_

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

Received By: \_\_\_\_\_

#### **OUR MISSION:**

To improve public health in Perry County by preventing disease, promoting health and safety, and protecting our environment.

