



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

Site Evaluation Application

Site Evaluation # _____

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

- A copy of the current recorded plat map of the property.
- An engineer's assigned address for the property – Contact the Perry County Engineer (740) 342-2191
- An application fee of **\$195.00** (Cash, Check, Money Order, or Debit/Credit – 3% fee will apply)
- Contract with a state approved soil scientist to produce a soil evaluation report.

Applicant Name: _____ **Property Owner:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Email:** _____

PROPERTY / BUILDING INFORMATION:

Location Address: _____ **City:** _____ **Zip:** _____

Township: _____ **Section:** _____ **Number of Acres:** _____

***Are you building a new home? Y / N** ***Number of bedrooms:** _____ ***Basement: Y / N** ***Plumbing: Y / N**

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:** _____

Environmental Health Specialist's (REHS) Conclusion of Proposed Building Site: (Health Department Use Only)

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

Inspecting REHS: _____ **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.





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