



## 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 **\$204.00** (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.





**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](http://perrycountyhealth.info)

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