

THE ALLEN COUNTY COMBINED HEALTH DISTRICT
219 EAST MARKET STREET*P.O. BOX 1503*LIMA, OHIO 45802-1503
PHONE 419-228-4457*FAX 419-224-4161

APPLICATION FOR SITE REVIEW OF PROPOSED DWELLING SITE

DATE _____ SITE REVIEW FEE \$330.00 RECEIPT # _____

I, _____ PHONE _____
NAME SIGNATURE

CURRENT MAILING ADDRESS ZIP _____

HEREBY MAKE APPLICATION FOR AN ON-SITE AND VICINITY SITE REVIEW OF TOPOGRAPHY, SOILS, AND DRAINAGE AS THEY MAY EFFECT THE INSTALLATION OF A WATER SUPPLY WELL AND/OR HOME SEWAGE DISPOSAL SYSTEM AT THE LOCATION DESCRIBED BELOW.

() OWN A PARCEL OF LAND

() PURPOSES TO SUBDIVIDE A PARCEL AND OFFER FOR SALE TO _____

() PURPOSED TO PURCHASE A PLATTED AND DEEDED PARCEL NOW OWNED BY _____

() PURPOSED TO PURCHASE A PARCEL TO BE SUBDIVIDED FROM _____ ACRES AND NOW OWNED BY _____

LOCATION: N E S W SIDE OF _____ ROAD OR STREET AND _____ FEET

N E S W FROM _____ ROAD OR STREET INTERSECTION

OTHER IDENTIFICATION _____

_____ 1/4 OF SECTION _____, TOWNSHIP _____

DWELLING SITE SIZE: _____ FEET FROM FRONTAGE AND _____ FEET DEEP _____ ACRES _____

DWELLING WILL BE LOCATED _____ FEET FROM THE CENTERLINE OF ROAD AND _____ FEET FROM

THE N E S W BOUNDARY: NUMBER OF BEDROOMS _____ () SLAB () CRAWL SPACE () BASEMENT

SIZE OF STRUCTURE: _____ FEET LONG AND _____ WIDTH SITE SQUARE FEET _____

DATE EVALUATION MADE _____ DATE SENT TO APPLICANT _____

() APPROVED () DISAPPROVED REMARKS: _____

EVALUATION CONSULTATION WITH _____

EVALUATION MADE BY _____ REMARKS _____