

Lot Split # _____

Perry County Health Department
212 South Main Street P.O. Box 230
New Lexington, OH 43764
Phone: 740-342-5179 Fax: 740-342-5540

Environmental Lot Split Assessment

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

1. Fill out section one and section two.
2. Sign and date application.
3. A copy of current, or proposed plat map of the property.
4. An application fee of \$50.00 (checks payable to the name below)

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, accurate, and understand that
ALL FEES ARE NON-REFUNDABLE

Applicants Signature: _____ Date: _____

Drawing of existing septic/water system:

Lot Split Approved by: _____ Date: _____

Date of Application: _____ Cash: _____ Check: _____ Receipt #: _____ Received By: _____