

**Site Evaluation Application**

**Site Evaluation #** \_\_\_\_\_

**Perry County Health Department**

212 South Main Street

P.O. Box 230

New Lexington, OH 43764

www.perryhealth.com

P: (740)342-5179

F: (740)342-5540

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

1. A copy of current recorded plat map of the property.
2. An engineer assigned address for the property (740) 342-2191.
3. An application fee of \$125.00 (checks payable to the above name).
4. Contract with an ARCPACS soil scientist for soil site evaluation.

**Name:** \_\_\_\_\_ **Property Owner:** \_\_\_\_\_

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

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

**Phone:**( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**PROPERTY INFORMATION:**

**Location Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Section:** \_\_\_\_\_

**Amount of Useable Ground in acres:** \_\_\_\_\_

**PROPOSED BUILDING INFORMATION:**

**Is there currently a dwelling located on the property:** Y/N

**Number of Bedrooms in/to be in the dwelling:** 1/2/3/4/5/6

**Will does the structure have a basement with plumbing installed:** Y/N

**Type of Water Supply:**

**Well** \_\_\_\_\_ **Cistern** \_\_\_\_\_ **Public Water System** \_\_\_\_\_ **Other** \_\_\_\_\_

**As an applicant, I declare the information provided is, to the best of my knowledge, true accurate and understand:**

**ALL FEES ARE NON-REFUNDABLE**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSPECTING SANITARIANS'S CONCLUSION OF PROPOSED BUILDING SITE:**

**Site is suitable:** Y/N **If No, Reason** \_\_\_\_\_

**Other Extenuating Conditions for Installation:** \_\_\_\_\_

**Inspecting Sanitarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Check** \_\_\_\_\_ **Receipt#:** \_\_\_\_\_ **Received By:** \_\_\_\_\_

