

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:** _____ **Township:** _____ **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:** _____