



Delaware General Health District - Environmental Health Division
P.O. Box 570, 2nd Floor, 1 West Winter Street, Delaware, Ohio 43015

SITE/PLAN REVIEW APPLICATION

Person requesting Site/Plan Review _____ Phone # _____

Mailing Address _____ City _____ State _____ Zip _____

Site address _____ City _____ State _____ Zip _____

Exact Site Location _____ Feet N S E W of _____ on the N S E W side of the road.

Township _____ Size (acres) _____ Proposed # Bedrooms _____ Lot # _____

Parcel # _____ Subdivision _____ Receipt # _____

Prior to Site Review, all of the following must be submitted or addressed:

- | | |
|--|---|
| <input type="checkbox"/> SITE PLAN - to scale on 8.5 x 11 preferred | <input type="checkbox"/> PRODUCT INFORMATION |
| <input type="checkbox"/> DESIGN or LAYOUT PLANS - to scale on 8.5 x 11 preferred | <input type="checkbox"/> PROPERTY LINES MARKED |
| <input type="checkbox"/> SOIL REPORT | <input type="checkbox"/> HOUSE FLOOR PLANS |
| <input type="checkbox"/> PROTECTIVE BARRIER AROUND STS | <input type="checkbox"/> *OTHER – SPECIED BELOW |

* _____

The DGHD cannot schedule a site review until we have all the above items addressed. Failure to do so may result in an incomplete site review and delays.

I have read and understand the above statement and request that the Delaware General Health District conduct a site review on the applicable property.

Requester

Signature _____

Date _____

Office Use Only

Site Review Approval Date _____ This Approval EXPIRES one year from date of approval. A permit to install must be issued within one year of date of approval. Failure to obtain a permit to install within one year of this approval date will result in this approval being null and void.