



# Delaware General Health District

## *Dedicated to Your Health*

### Division of Environmental Health

1 West Winter Street, 2<sup>nd</sup> Floor, P.O. Box 570, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

### Lot Feasibility Application

*Please fill out the following application so that we may better serve you in this process.*

A fee is due at the time of the submittal of this application. The fees will be determined by the number of lots and the current Environmental Health fee schedule located at [www.delawarehealth.org](http://www.delawarehealth.org). Typical turnaround time is 3-5 days. The Sanitarian responsible for your township will be in contact with you should any questions arise during the process.

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

Property Address: \_\_\_\_\_

Existing Parcel #(s): \_\_\_\_\_ Number of Lots: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Requestors Name: \_\_\_\_\_

Requestors Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Where would you like the correspondence sent? (Email [quickest turnaround] /property address/other. All requests for corrections will go to this destination.) \_\_\_\_\_

Subdivision name, if applicable: \_\_\_\_\_

Proposed building use on site(s) (used to size sewage treatment systems): \_\_\_\_\_

Please submit: 1. A sketch plan including proposed building locations, hardscapes, soil absorption areas, and all existing or proposed lot boundaries. 2. A soil report completed by a professional soil scientist.

I agree that I have read the above and submit my fee accordingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----OFFICE USE ONLY-----

Receipt #: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Received by: \_\_\_\_\_

EH HDIS Entry by: \_\_\_\_\_ Date: \_\_\_\_\_ Green Sheet Completed? Y/N LF #: \_\_\_\_\_

Site Review Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Plan Review Completed by \_\_\_\_\_ Date Completed: \_\_\_\_\_

Disapproval Date(s): \_\_\_\_\_