



# 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

### Addition/Remodel Application

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

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

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

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

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

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

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

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

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

Where would you like the letter sent? (Email [quickest turnaround] /property address/other)

What type of addition, remodel, accessory building, or project is being proposed?

- |  |   |                                      |                                      |                               |
|--|---|--------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Addition to existing building | <input type="checkbox"/> Remodel          | <input type="checkbox"/> Shed        | <input type="checkbox"/> Driveway    | <input type="checkbox"/> Pond |
| <input type="checkbox"/> Geothermal System             | <input type="checkbox"/> Deck             | <input type="checkbox"/> Fence       | <input type="checkbox"/> Patio Paver | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Accessory Building            | <input type="checkbox"/> Replacement Home | <input type="checkbox"/> Other _____ |                                      |                               |

What size will the addition, remodel, accessory building, or project be? \_\_\_\_\_

What type and size of sewage system do you currently have, if known?

What are the utilities for the property?

- |  |    |  |
|--|----|--|
| <input type="checkbox"/> Private water system (e.g. well)    | OR | <input type="checkbox"/> Public water supply (e.g. Del-Co Water) |
| <input type="checkbox"/> Private sewage system (e.g. septic) | OR | <input type="checkbox"/> Public sewer system (e.g. city sewer)   |

**If you answer yes to any of the items below, please ask to speak to a Sanitarian.**

1. Did the property in question receive its final sewage permit approval within the last year or does it currently have an open permit?

- Yes (Please ask to speak to a Sanitarian)  No

2. Is the only proposed addition to the property a fence?

- Yes (Please ask to speak to a Sanitarian)  No

Please See Reverse



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3. Will the addition/remodel be placed on an existing hardscape? Note: For this, no portion of the new area may go beyond the existing structure's border. (Example 1. A room is being added to a home and will be put where an existing deck exists and will not extend beyond the border of the existing deck. Example 2. A deck is being added in the exact location of an existing patio and will not extend beyond the border of the existing patio.)

Yes (Please ask to speak to a Sanitarian)

No

Please provide a sketch plan on a separate sheet of paper or sketch the addition/remodel below:

Please have the area for the addition/remodel flagged or marked in some way on the site.

A **\$110.00** fee is due at the time of the submittal of this application. Typical turnaround time for the addition/remodel process is 3-5 days. The Sanitarian responsible for your township will be in contact with you should any questions arise during the process.

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

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

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

**Receipt Code:** 13253 **County Org Key:** 70251524 **County Object:** 4203 **HDIS:** RASI

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

**EH HDIS Entry by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Variance Requested?** \_\_\_\_\_

**Addition/Remodel Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_