



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: _____

Phone: _____ Email: _____

How would you like the letter sent? Requestor email OR Owner email OR Requestor USPS mail
 Pick up at health district Other _____

What type of addition/remodel is being proposed? (e.g., addition to existing building, deck, fence, accessory building)

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?
 Private water system (e.g. well) OR Public water supply (e.g. Del-Co Water)
 Private sewage system (e.g. septic) OR Public sewer system (e.g. city sewer)

If you answer yes to any of the items below, please ask to speak to a Registered Environmental Health Specialist (REHS/SIT).

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 an REHS/SIT) No

2. Is the only proposed addition to the property a fence?
 Yes (Please ask to speak to an REHS/SIT) No

Please See Reverse



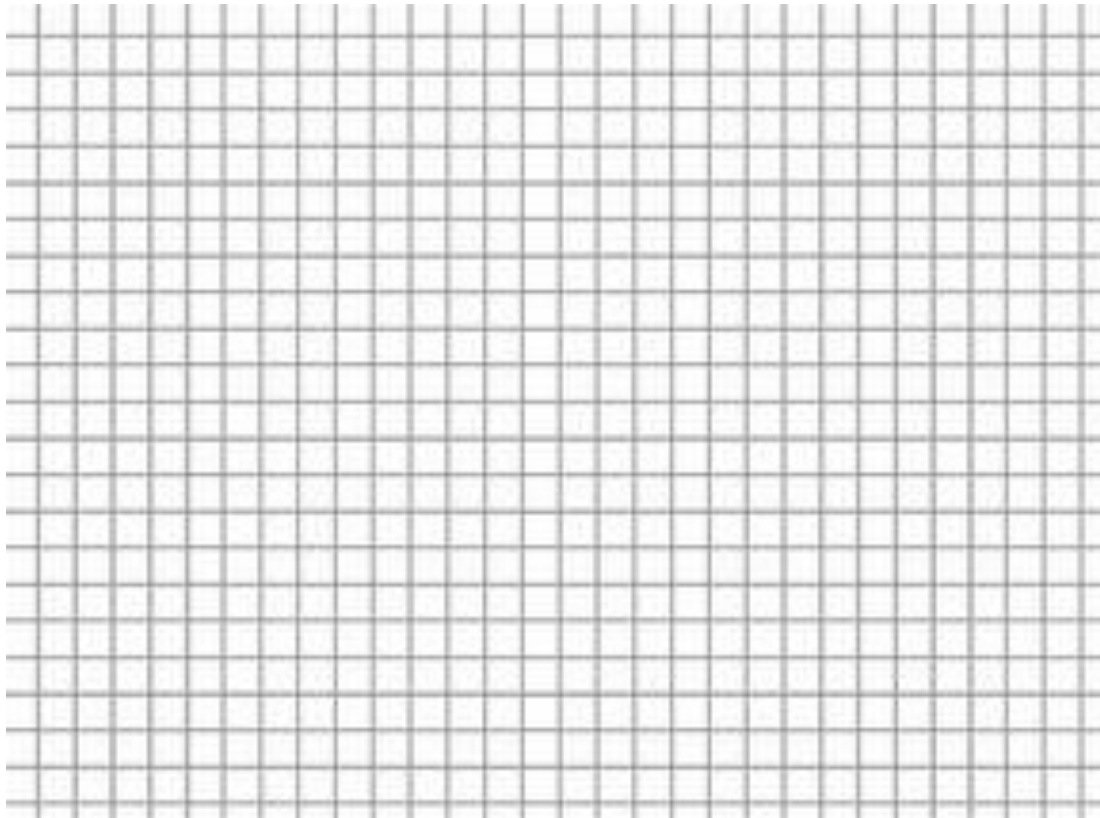
GARRETT GUILLOZET, MPA, REHS | HEALTH COMMISSIONER
470 SOUTH SANDUSKY STREET | DELAWARE, OHIO 43015
PHONE: (740) 368-1700 FAX: (740) 368-1736 | DELAWAREHEALTH.ORG

3. Will the addition, accessory building, etc. include a bedroom or a room that may be classified as such (70 sq. ft minimum, egress window, and closet)?

Yes (Please ask to speak to an REHS/SIT)

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 \$150 fee is due at the time of the submittal of this application. Typical turnaround time for the addition/remodel process is 7 business days. An environmental health specialist 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: _____

AOR #: _____ Date: _____ Variance Requested? _____

Form: WQ-02-2023