Clark County Combined Health District (CCCHD)
Division of Environmental Health
529 E. Home Road
Springfield, Ohio 45503
Phone: 937-390-5600 Fax: 937-390-5625

Application for Lot Review (Test Hole)

Permit Fee $100.00 (Per Lot) **Receipt #:** _____

Address of Site:	Parcel Number:

Property Location (If No Address):

N/S/E/W Side of _____, _____Feet N/S/E/W Side of _____

Or: N/W/E/W Corner of _____ and _____

Check Type of Lot Review Requested: □ New Lot □ Existing Lot

□ Subdivision □ Lot with Existing Home

Number of Lots _____ Acreage of Proposed Lots _____ Acreage of Original Lot_____

***You must provide a sketch of your proposed lot on a tax map.**

Applicant Contact Information:			
Name			
Address	City	State	Zip
Telephone Number:	Cell Phone Number:		

Owner Information if Different from Applicant:			
Name			
Address	City	State	Zip
Telephone Number:	Cell Phone Number:		

By signing this permit, you agree to abide by any and all state laws and regulations and by the regulations set forth by the Clark County Combined Health District.

Applicant Signature:	Date:

Health Department Use Only:

Application Approved: □ Yes □ No	Inspector Signature:	Date:
Approval Stipulations:		

Revised 10/31//08