

**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 Review of a Sanitation Plot Plan**

\*Application must be accompanied by three (3) copies of the sanitation plot plan drawing.

Permit Fee \$200.00      Receipt #: \_\_\_\_\_

**An approved application is valid for one year from the date of issuance.**

Address of Site	City	State	Zip
Lot Number:	Subdivision Name:		
Number of Bedrooms:    ____ 2      ____ 3      ____ 4      ____ 5			

<b>Applicant Contact Information:</b>			
Name			
Address	City	State	Zip
Telephone Number:	Cell Phone Number:		

<b>Owner Information if Different from Applicant:</b>			
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:
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**For Health District Use Only**

Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Date:
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