



Ashtabula County Health Department
 12 West Jefferson
 Jefferson, OH 44047
 Phone: 440-576-6010 option 3
 FAX: 440-576-5527

Date of App _____
 Site Evaluation # _____
 Fee _____
 Receipt # _____
 Initials _____

APPLICATIONS ACCEPTED BETWEEN 8:00 A.M. & 10:00 A.M. ONLY

Items required at time of application

- (1) **Survey Map supplied** by one of the following:
 - a. Survey drawings of proposed lot (new lot or lot split) from your surveyor or
 - b. Survey map of existing lots dating back to 1997 from County Engineer's Office (576-2816) or
 - c. Tax map of existing lots created prior to 1997 from Auditor's Office (576-3691)
- (2) **Current or Newly Created Deed** available at Recorder's Office (576-3762)
- (3) **If applicable, Legal Survey Description**

NOTE: SITE APPLICATION FEES ARE NON-REFUNDABLE

Property owner's name: _____ Phone Number _____

I (or we), _____, hereby apply for a site evaluation to install, alter, extend or modify a household sewage treatment system for a new, or existing _____ bedroom dwelling on a property at the following location and with the following description:

New Replacement Alteration Lot Split

Township: _____ Tax Parcel ID _____

Location Address _____ Which side of the road? _____

Property Owners Mailing Address: _____
 Address City State Zip

Distance from and name of nearest intersecting road that the house is being built on:

Lot number and Development name, if applicable: _____

Year lot created: _____ Total acreage of new lot: _____ Lot frontage: _____ ft. Lot depth: _____ ft.

If lot split is required: Residual lot (acreage) _____ Lot frontage: _____ ft. Lot depth: _____ ft.

Does property involve a land contract? _____ yes _____ no

If yes, read land contract - lot of record form and complete procedures.

Other features on property that would help us locate it (driveways, etc.):

Mark one (X): _____ wooded property _____ open field _____ other

When will house and property stakes be up? _____

Applicant's Signature: _____ **Date:** _____

Print Name: _____ Phone: _____

THIS HOUSEHOLD SEWAGE TREATMENT SYSTEM SITE EVALUATION IS GOOD FOR FIVE (5) YEARS FROM DATE OF ISSUANCE.

 Date of on-site inspection: _____ Sanitarian _____

Note: _____

Lot appears unsuitable because of: _____ Soil _____ Topography _____ Size _____
 Other reasons _____