Fairfield Department of Health
1550 Sheridan Dr., Suite 100 ● Lancaster, OH 43130
(740) 652-2800

Permit No._____

Amount Paid: _____

Date Paid: _____

Receipt No. _____

Application for On-Site Land Evaluation

Application for: □ Subdivision of Land *($130.00 per lot)* □ Lot Inspection *($110.00)*
(Existing deeded lots)

Applicant Name: _____ □ Owner □ Buyer

Applicant Mailing Address: _____
Street City State Zip

Applicant Phone No.(s): _____

Please supply the following site information:

Township: _____ **Section:** _____ **Road Name:** _____

Directions to property *(please include address of property, if applicable, or address of neighboring property):*

_____

Parcel Number: _____ **Total Acreage** *(prior to split):* _____ **No. of lots:** _____

Acreage in each proposed lot: _____
**Written documentation must be submitted with application if remaining acreage is to be used only for agriculture!*

Order 1 Soil Report Completed? □ Yes □ No **Soil Scientist:** _____

Lots staked? □ Yes □ No **Lot Cleared?** □ Yes □ No *If no, when will it be cleared?* _____
(all corners)

Existing home on property? □ Yes □ No If yes, address of home: _____

Current use of land: □ Beans/Corn □ Hay □ Wooded □ Other _____

The following must be completed prior to submitting application to the Fairfield Department of Health (√):

□ Order 1 soil report to be completed for lot(s) requiring inspection. ***Health Department's copy must be submitted at the time of application!***
□ All crops, high grass, weeds, brush, and/or snow cleared from lot(s) prior to inspection. ***Growth can be no more than 10 inches in height! Wooded lots must be bush hogged, trees can be left standing.***
□ All corners of lot(s) must be visibly staked.
□ Lot(s) visibly marked with a sign by name, number, or other means so that it is clearly visible from the road.

Failure to complete the above will delay the inspection process and may result in additional charges/fees!

*Final approval of proposed lots *(blue sheets) will not be given until an on-site review of the survey is completed. All existing buildings, easements, bodies of water, etc., are to be included on final survey.*

All approved lots must be recorded and deeded within one year of the permit approval date.

Applicant's Signature _____ Date _____

For office use only:

□ **Approved** □ **Approved with Restrictions** ***(see comments)*** □ **Not Approved**

Comments: _____

Sanitarian _____ **Date** _____

Date of Completion * *(blue sheets)* _____

Permit Fee is Non-Refundable! **Permit Expires One (1) Year from Approval Date!**