



Public Health
Prevent. Promote. Protect.

Fairfield Department of Health
Environmental Division

Applying for:

Building:
 Residential
 Public/Commercial

Permit type:
 New
 Replacement
 Alteration

Site Eval Fee: _____

Date Paid: _____

Receipt No.: _____

Site & Design Review Application

THIS IS NOT A PERMIT

Permit Information:

Site Address: _____

Parcel #: _____ Street _____ City _____ State _____ Zip Code _____
Township: _____ Subdivision: _____ Lot #: _____

Owner: _____ Phone: _____

Applicant: _____ Phone: _____

Mailing Address: _____
Street _____ City _____ State _____ Zip Code _____

E-mail Address: _____

Site Information:

Acres: _____ New Construction: Yes No Structure(s) Staked: Yes No

Lot Staked: Yes No Lot Cleared: Yes No *If no, when will it be cleared?* _____

No. of bedrooms: _____ Additional building on site: Yes No *If yes, is there indoor plumbing?* Yes No

Have you applied for a plumbing permit: Yes No N/A

Contractor Information (please provide as much information as possible):

Soil Scientist: _____ Phone: _____

System Designer: _____ Phone: _____

Installer: _____ Phone: _____

I agree to construct, install, and operate the household sewage treatment system in accordance with Chapter 3701-29 of the Administrative code, and with the specifications indicated on the approved design and permit issued by the Fairfield Department of Health. I further agree that I will call the Fairfield Department of Health for final inspection of the installation 24 hours prior to its being covered with earth.

I acknowledge that the permit will expire one year from the date of issuance by the Fairfield Department of Health or upon completion of the installation of the household sewage treatment system, whichever comes first.

I acknowledge that no household sewage treatment system or part thereof shall be covered or put into operation until the system has been inspected and approved by the Fairfield Department of Health.

I acknowledge that no household sewage treatment system can be guaranteed because of soil characteristics. Only workmanship is considered at the time of inspection. The Fairfield Department of Health assumes no responsibility for the efficient functioning of any private sewage system. Proper maintenance is essential.

Please be advised that an approved site review is valid for **5 years** from the date of approval or disapproval and an issued permit is valid for **1 year**.

Applicant Signature: _____ Date: _____

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