



**Application for On-Site Land Evaluation**

Application for: Subdivision of Land (\$156.00 per lot) Lot Inspection (\$132.00) (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!*

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 (√):**

- 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:**

<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Restrictions (see comments)	<input type="checkbox"/> Not Approved
Comments: _____		
Sanitarian _____	Date _____	
Date of Completion *(blue sheets) _____		

**Permit Fee is Non-Refundable!**

**Permit Expires One (1) Year from Approval Date!**