



HOCKING COUNTY HEALTH **DEPARTMENT**

350 State Route 664 North ~ Logan, Ohio 43138
Phone 740-385-3030 Fax 740-385-2252

SUBDIVISION REQUEST

CONTACT INFORMATION:

Owner: _____ Phone: _____

Email or Mailing Address: _____

Surveyor: _____ Phone: _____

Email: _____

LOCATION OF PROPOSED SUBDIVISION:

Address or Road Name: _____

Township: _____ Section: _____

Are the proposed lot lines flagged or demarcated? ☐ Yes ☐ No

If lines are not flagged, please call this office when they have been flagged.

Are there any existing dwellings in the proposed subdivision? ☐ Yes ☐ No

Will each lot have its own private water and sewage treatment systems? ☐ Yes ☐ No

If No, describe any public water or sewer systems that will be available to each lot.

In accordance with Chapter 3701-29-08 of the Administrative Code, a soil evaluation is required for each proposed lot from a certified soil scientist for the purpose of ensuring that a soil-based sewage treatment system can be installed. Please provide copies of the soil evaluations for each proposed lot.

The subdivision application approval fee is \$125 per proposed lot. Please make checks payable to the Hocking County Health Department. An aerial map of the property with topographic and proposed lot lines is also required.

Total number of proposed lots: _____

OFFICE USE ONLY

Receipt #: _____ Permit #: _____ Date: _____ Amt. Paid: \$ _____

Comments: _____