



Pike County General Health District

Environmental Health Division

116 S. Market Street
Waverly, Ohio 45690
Phone 740-947-7721 Fax 740-947-1109 rwilliams@pike-health.org

APPLICATION FOR SUBDIVISION REVIEW

1. Name of subdivision _____ Date Received by Health District _____

2. Name and of property owner _____ Address _____
Phone _____
3. Name of subdivider (if different from above)
_____ Phone _____
4. Location of property to be subdivided

5. Total land area to be used _____ Number of lots in subdivision _____
6. Number of existing houses on property _____ number of existing mobile homes _____
7. Please attach information stating location and size of each lot.
8. Attach a statement from the Pike County Soil & Water District identifying the soil types located within the subdivision is required.
9. Attach a statement from the Pike Water or Scioto Water Co. concerning the availability of rural water service.
10. A statement from any near by sewer districts concerning the availability of central sewage treatment at your proposed development.
11. A fee of \$150.00 per lot shall be submitted to the Pike County General Health District with this application.
12. If the Pike County Planning Commission requires a plat, one copy shall be provided to this department.

After the above information and fee has been received, a sanitarian will review the application. Test holes, topographical plat, or other information may be required. After review, you will receive a letter with our department's findings.

If you have any questions, you may call this office at 947-7721.

Signature of applicant _____

THE SANITARIAN MUST HAVE COMPLETE AND ACCURATE INFORMATION TO PERFORM A THOROUGH AND TIMELY INVESTIGATION. PLEASE COMPLETE ALL BLANKS AND SIGN COMPLETED FORM.