



Clinton County Health District

Public Health - Prevent. Promote. Protect.

111 S. Nelson Ave. Suite 1

Wilmington, Ohio 45177

info@clincohd.com

937.382.3829

Lot Split Application \$100.00 (Per Lot)

Applicant Name: _____ Date: _____

Address of Property: _____

Twp: _____ Phone: _____ Email: _____

(If different than above.)

Owner Name: _____ Address: _____

Phone: _____ Email: _____

Send results to: Applicant Address Applicant Email Owner Address Owner Email

Prior to the evaluation of your lot, the following must be done:

1. A detailed plot plan must be submitted with this application, including the following:
 - a. An accurately scaled drawing, including topographic details
 - b. The correct acreage of each lot
 - c. Proposed lot lines
 - d. All existing easements, utilities, structures, private water systems, sewage treatment systems, foundations, roads, bodies of water, and any drainage features.
2. A soil evaluation completed in accordance with the Ohio Administrative Code chapter 3701-29-07 for each proposed lot
3. Property lines and all other existing easements must be clearly marked on the lot.
4. Lot must be mowed.
5. The correct address must be posted on the lot.

I understand the following:

- When a proposed subdivision includes the creation of at least 25 lots, the request shall include written consultation from the Ohio Environmental Protection Agency concerning the subdivision's accessibility to existing sanitary sewer systems and the included risks to surface and ground water resources.
- When subdivisions are proposed within the boundaries of an inner management zone of a public water system, or located within a hydrogeologically sensitive area as defined by Ohio Department of Natural Resources, the application shall include information on how the proposed density and design of the sewage treatment system shall ensure adequate treatment of effluent prior to discharge.

Signature of Applicant or Property Owner: _____ **Date:** _____

- OFFICE USE ONLY -

Date(s) Received/Fee Paid _____ Receipt # _____ Date/Initials Results _____ ID# _____

Comments: _____

Approved Disapproved Date: _____

Registered Environmental Health Specialist (REHS) Signature: _____

CCHD Lot Split Application: Updated: 12/10/2024



Equal Opportunity Employer/Provider