



**PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT**  
**APPLICATION FOR ALTERATION, REPLACEMENT, OR NEW RESIDENTIAL**  
**SEWAGE TREATMENT SYSTEM (HSTS) SITE REVIEW**

**\$234 for application fee**

**\$117 for sewage treatment system (STS) design fee**

**PROPERTY LOCATION**

Address, Lot #: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_

Township/City: \_\_\_\_\_

**APPLICANT INFORMATION**

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

*\*Note: For the purpose of this application, a bedroom is any room at least 70 sq. ft., has a window for egress, and a closet -- even if labeled an office, den, library, etc.*

*\*\*For lot splits- an application must be submitted for each proposed lot.*

**REASON FOR APPLICATION:**

**Lot Split (proposed parcel that is vacant)**

Number of proposed bedrooms: \_\_\_\_\_

**Lot Split (proposed parcel with existing home)**

Number of bedrooms: \_\_\_\_\_

**New Home Construction on Existing Vacant Lot**

Number of proposed bedrooms: \_\_\_\_\_

**Existing Home Changes**

Repairing, Replacing, or Altering an Existing Sewage System: Number of Bedrooms: \_\_\_\_\_

Increasing Number of Bedrooms: From \_\_\_\_\_ to \_\_\_\_\_

Other - Addition that does not increase number of bedrooms. Structure Type: \_\_\_\_\_

**Replacing Existing Home with a New Home**

Number of Bedrooms: From \_\_\_\_\_ to \_\_\_\_\_

**PROPERTIES WITH EXISTING DWELLING:**

Existing dwelling is currently:      Occupied      Vacant      N/A

**PROPOSED OR CURRENT PROPERTY USE**

**Single-family, Two-family , or Three-family Dwelling**

**Other:** \_\_\_\_\_

*A complete application signed by the owner(s), soil report (if vacant lot), and fee must be submitted before a site review will be conducted.*

**In accordance with ORC 3718.09, PCHD has the authority to issue enforcement orders on an HSTS confirmed to be creating a public health nuisance.**

**I/We, the property owner(s), authorize representatives of PCHD to enter the property referenced above  
for the purpose of conducting a site review for a sewage treatment system.**

Owner's Signature

Date

Owner's Signature

Date

Applicant's Signature

Date

Site Evaluation Receipt #: \_\_\_\_\_

Design Plan Receipt #: \_\_\_\_\_