



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

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