



940 London Ave., Suite 1100 - Marysville, Ohio 43040  
Environmental Health Division - Phone: (937) 642-2053  
Fax: (937) 645-3047 - [www.uchd.net](http://www.uchd.net)

### **Lot Split & Subdivision Application**

*Please fill out the following application so that we may better serve you in this process.*

Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel I.D. Number: \_\_\_\_\_

Number of Lots Less Than Five Acres: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

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

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

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

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

Subdivision name, if applicable: \_\_\_\_\_

A fee is due at the time of submittal of this application. The fees will be determined by the number of lots that require review and the current fee schedule adopted by the Union County Board of Health. A registered sanitarian will contact you should any questions arise throughout the site and plan review process.

Review the NPA lot split and RPC subdivision checklist prior to submittal to ensure your plan has all the required information. The checklist can be viewed at: [www.uchd.net](http://www.uchd.net)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**----- OFFICE USE ONLY -----**

**Receipt #:** \_\_\_\_\_ **Receipt Date:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**EH HDIS Entry by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **NPA/RPC #:** \_\_\_\_\_

Site Review Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Plat Review Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Disapproval Date(s): \_\_\_\_\_