

CLARK COUNTY COMBINED HEALTH DISTRICT Division of Environmental Health

Phone: 937-390-5600 Fax: 937-390-5625

www.ccchd.com

Site Approval Inspection Application Fee \$50.00

Receipt #_					
Address of proposed construction	Parce	Parcel Number			
Owner's name	Applicant name (if different)				
Owner phone number	Applicant phone number				
Owner e-mail/fax (approval will be sent here)	Applicant e-mail/fax (approval will be sent here)				
Please check, in the left column, agencies who sho	uld rec	eive a c	opy of your	approval.	
Clark County Community Development Department	Fax:	937-328-	2621		
- serves townships of Bethel, Green, Harmony,					
Mad River, Madison, Moorefield, and Springfield					
German Township Zoning	Fax:	937-964-	1671		
Pike Township Zoning	Fax:	Fax: 937-964-8328			
Pleasant Township Zoning	Fax:	Fax: 937-828-1427			
Other	Fax:				
Please answer, below, by circling yes or no.	•				
Is there an on-site sewage system at this address?				YES	NO
Is there a private water system providing drinking water at the				YES	NO
Please describe, below, the type of construction be will be added, if any.	ing pro	pposed,	including h	ow many be	edrooms
Please attach an overhead "plot plan view" dr construction, location and dimensions of propos					
REQUIRED to stake, flag, or paint, with marking ensure application review in a timely manner. (So form).	paint,	the pro	posed area	for constr	uction to
Applicant signature (REQUIRED)			Date:		
Applicant printed name (REQUIRED)					
Health District Use Only:					
Sanitarian signature		Date:			
Sanitarian printed name		Ar	proved	Disap	proved

EXAMPLE #1



EXAMPLE #2

