

**CLARK COUNTY COMBINED HEALTH DISTRICT**  
 Division of Environmental Health  
 529 E. Home Road  
 Springfield, OH 45503  
 Phone: 937-390-5600 Fax: 937-390-5625  
[www.ccchd.com](http://www.ccchd.com)

**Site Approval Inspection Application**  
**Fee \$50.00**

Receipt # \_\_\_\_\_

Address of proposed construction	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 should receive a copy of your approval.**

<input type="checkbox"/>	Clark County Community Development Department	Email to: <a href="mailto:communitydevelopment@clarkcountyohio.gov">communitydevelopment@clarkcountyohio.gov</a>
<input type="checkbox"/>	- serves townships of Bethel, Green, Harmony, Mad River, Madison, and Moorefield	
<input type="checkbox"/>	Springfield Township Zoning	<a href="mailto:office-admin@spfldtwp.org">office-admin@spfldtwp.org</a>
<input type="checkbox"/>	German Township Zoning	Fax: 937-964-1671
<input type="checkbox"/>	Pike Township Zoning	Fax: 937-964-8328
<input type="checkbox"/>	Pleasant Township Zoning	Fax: 937-828-1427
<input type="checkbox"/>	Village of Enon	Fax: <a href="mailto:Kristy.thome@enon-oh.gov">Kristy.thome@enon-oh.gov</a>

**Please answer, below, by circling yes or no.**

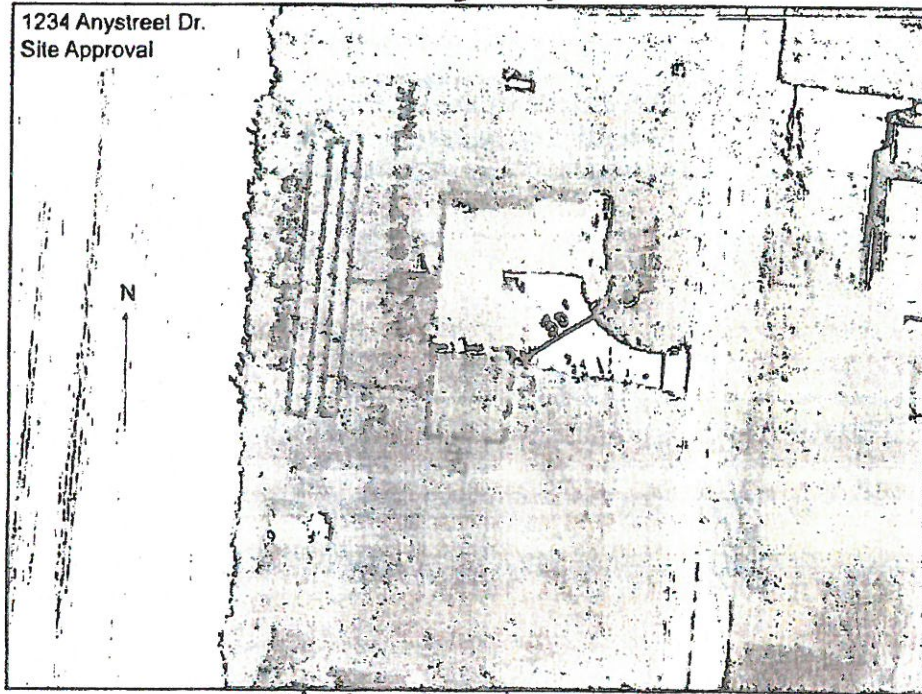
Is there an on-site sewage system at this address?	<b>YES</b>	<b>NO</b>
Is there a private water system providing drinking water at this address?	<b>YES</b>	<b>NO</b>

**Please describe, below, the type of construction being proposed, including how many bedrooms will be added, if any.**

**Please attach an overhead "plot plan view" drawing of your property indicating existing construction, location and dimensions of proposed construction, and complete below. It is REQUIRED to stake, flag, or paint, with marking paint, the proposed area for construction to ensure application review in a timely manner. (See examples of drawings on the back of this form).**

Applicant signature (REQUIRED)	Date: _____/_____/_____		
Applicant printed name (REQUIRED)			
<b>Health District Use Only:</b>			
Sanitarian signature	Date: _____/_____/_____		
Sanitarian printed name	<table border="1"> <tr> <td align="center"><b>Approved</b></td> <td align="center"><b>Disapproved</b></td> </tr> </table>	<b>Approved</b>	<b>Disapproved</b>
<b>Approved</b>	<b>Disapproved</b>		

### EXAMPLE #1



### EXAMPLE #2

