LICKING COUNTY HEALTH DEPARTMENT

LOT SPLIT APPLICATION

Receipt #: _____ **Date Submitted:** _____

To Be Filled Out By Applicant

Applicant: _____ **Phone Number:** _____

☐ Owner ☐ Buyer ☐ Other **Email:** _____

Mailing Address: _____
Street

_____ _____ _____
City **State** **Zip Code**

Is there a dog on the property? ☐ Yes ☐ No

Parcel Information:

Lot Split Location: _____

Township: _____ **Total Acreage:** _____ **(before the splits)**

	Acreage Per Lot(s):	Existing House	Combining to Another Lot?	Office Use Only — Lot Split Number:
Lot 1:	_____	☐	☐	_____
Lot 2:	_____	☐	☐	_____
Lot 3:	_____	☐	☐	_____
Lot 4:	_____	☐	☐	_____

***All newly created lots under 5 acres will be required to have a soil evaluation conducted by a soil scientist.**
***All newly created lots that are 5 acres or larger, will not be required to have a soil evaluation conducted by a soil scientist, unless a building location has been determined on the new lot.**
***All proposed lot splits must equal the total acreage prior to the splits occuring.**

Copy Surveyor's Drawing: ☐ Yes ☐ No

Lot(s) Pinned and Flagged: ☐ Yes ☐ No

Soil Evaluation Completed: ☐ Yes ☐ No

Part of the parcel in a Flood Hazard Zone: ☐ Yes ☐ No

Applicant Signature: _____ **Date:** _____

LCHD Office Use Only

Comments: _____

APPROVED **DISAPPROVED** **EXEMPT**

Sanitarian Signature: _____ **Date:** _____