

Receipt #:

NEWARK

(740)-349-6535 675 Price Rd. Newark, OH 43055

(740) 755-4520 621 W. Broad St.

Pataskala, OH 43062

PATASKALA

www.lickingcohealth.org

Date Submitted:

LOT SPLIT APPLICATION

	Applicant:	Applicant:					Phone Number:			
	☐ Owne	☐ Owner ☐ Buyer ☐ Other Email :								
	Mailing	Mailing Address:								
		Street								
		Is there a	dog on the propert	City	□ No		State		Zip Code	
	Parcel Info			.,,.						
	Lot Split Location:									
To Be Filled Out By	Township:	Township:		Tota	(before the splits)					
Applicant		Acreage Per Lot(s):		Combining to Another Lot?	Off		Lot Split Number:			
	Lot 1:				Office I	_				
	Lot 2:				Use	_				
	Lot 3:				Only	_				
	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.								а	
	Copy Surv	eyor's Drawing:					Yes		No	
	Lot(s) Pinr	ned and Flagged:					Yes		No	
	Soil Evalua	ation Completed:					Yes		No	
	Part of th	ne parcel in a Flood H	lazard Zone:				Yes		No	
	Applicant Signature: Date:									
	Comments:									
		·								
LCHD Office										
Use Only		APPROVED DISAPPROVED				EXEMPT				
	Sanitarian Signature:				Date:					