



NEWARK

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

PATASKALA

(740) 755-4520
621 W. Broad St.
Pataskala, OH 43062

www.lickingcohealth.org

Application for a Major Subdivision Review

Name of Subdivision: _____

Property Owner: _____

Contact Person: _____ **Phone:** _____

Mailing Address: _____

Email Address: _____

Location of Subdivision: _____

Township: _____ **Number of Proposed Lots:** _____

Required Fee:
Up to 10 lots: \$75.00 per lot
Each additional lot over 10: \$50 per lot
Change review for an approved lot: \$125.00

Total Amount Due: _____

_____ **Signature** _____ **Date**

The Licking County Health Department (LCHD) will review this subdivision application once all the required information is received. LCHD will provide the contact person listed above with a written summary of the review within 30 days of the required information being received.

LCHD Use Only

Date Application Received: _____ Date Required Information Received: _____

Received By (Sanitarian): _____ Date Review Completed: _____