



Lake County General Health District

5966 Heisley Road Mentor, Ohio 44060

www.lcghd.org



Painesville: (440) 350-2543 Cleveland: (440) 918-2543 Madison: (440) 428-4348 x2543 Fax: (440) 350-2548

SUBDIVISION/LOT SPLIT APPLICATION

Property Location: (Address or parcel no.) _____

City, Township, Village: _____

Requestor: (Name) _____ Phone: _____

Mailing Address: _____

Owner: (Name) _____ Phone: _____

Mailing Address: _____

Please provide the following information with your subdivision/lot split application:

- a.) Site & Soil evaluation performed by a certified professional soil scientist in accordance with the OAC 3701-29-07.
- b.) A Lot split or one property being subdivided may not require a design plan. Soil Evaluations may be used to accompany Design Plan information submitted as required for future Site Review evaluation prior to obtaining an installation permit. Please check with the inspector to determine if design plans are necessary.
- c.) Design plans prepared in accordance with OAC 3701-29-10 may be required. Plans must be prepared by an individual knowledge of sewage treatment with experience with soil absorption sewage treatment design. Design plans must include the following information:
 - 1. Topographic site plan, number of bedrooms, subplot dimensions, acreage per site, proposed and existing water supplies, existing adjacent houses or sewage systems.
 - 2. Primary and replacement system areas as designated by soil scientist and designer.
 - 3. Justification of selection of loading rates, soil depth credits and proposed drainage improvements.
 - 4. Any additional information required by LCGHD to satisfy OAC 3701-29-08
- (c.) Subdivision reviews are conducted in the order in which they are received. Please allow at least three weeks For the completion of the review. Subdivision plans must be approved at the staff level two weeks in advance of the Board of Health meeting.
- (d.) Current subdivision/Lot Split review fee \$186.00 per lot. Fee must be submitted with the application, soil reports and design plans if required.

I authorize representatives of the Lake County General Health District to enter the property referenced above for the purpose of conducting a site review.

Applicant's Signature

Date

Office Use Only

Date: _____

Receipt #: _____

Site ID #: _____