

Vinton County Health Department

Environmental Health Division

31927 State Route 93
McArthur, OH 45651

Phone: 740-596-0473
Fax: 740-596-5837

APPLICATION FOR LOT SPLIT

Receipt # _____
Date: _____ / _____, 20____

(Please Print)

I, _____, am requesting the services of a representative of the Vinton County Health Department to perform a site evaluation for lot split, Number of lots _____.

Location of lot split:

City/Township/Village: _____

Individual to receive results:

Address to mail results:

City: _____ State: _____ Zip Code: _____

Phone number of requester: (_____) _____

Fax: (_____) _____

LOT/PARCEL SPLIT SITE EVALUATION PROCESS

- 1) Complete a lot split application and submit with applicable processing fee of \$75.00
- 2) Submit an accurate drawing or survey of the lot/parcel(s) to be created. The drawing or survey shall show the following items:
 - a) The dimensions of the lot/parcel(s) to be created and the dimensions of the lot/parcel(s) that will remain after the split;
 - b) The abutting roadway name(s);
 - c) Any and all existing homes, garages, or other buildings situated on the lot/parcel(s) to be created and on the lot/parcel(s) that will remain. Side yard, front yard and rear yard dimensions shall be shown for those structures that exist; and
 - d) Any and all existing private water systems, septic systems, ponds and drainage courses, any known flood plains or frequently flooded areas situated on the lot/parcel(s) to be created and on the lot/parcel(s) that will remain.
 - e) Any easements on the property
- 3) Legal description of the lot/parcel(s) to be created. (if available).
- 4) If this is a new lot without septic, a new site and soil evaluation must be completed.

NOTE: Any well or septic violations found will result in a Public Health Order to the current owner outlining the necessary corrective measures.

(Over)

If needed, use space provided below for scaled drawing of proposed lot/parcel split

"Services Rendered on a Non-Discriminatory Basis"

Permit refund policy: it is the policy of the Vinton County Health Department to not refund fees for permits or licenses once a site inspection has been made, or when work towards a permit or license has been attempted by this agency.



_____ / _____ /20_____

(Signature of individual requesting evaluation)

(Date)

THIS OFFICE WILL MAIL AND/OR FAX RESULTS TO THE PERSON WHO SIGNED THIS APPLICATION, EXCEPT WHEN REQUESTED TO DO OTHERWISE BY THE REQUESTOR. THIS EVALUATION IS NOT A PERMIT. ANY EVALUATION REPORT CREATED BY THE VINTON COUNTY HEALTH DEPARTMENT IS BASED UPON CURRENT REGULATIONS AND AN INSPECTION OF THE EXISTING PHYSICAL CONDITIONS OF THE PROPERTY. THIS REPORT IS NOT A GUARANTEE FOR A FEASIBLE BUILDING SITE, IN FACT, THE APPLICANT IS GIVEN NOTICE THAT THE REPORT MAY CONCLUDE THAT SUCH SITE IS NOT SUITABLE FOR DEVELOPMENT.

“Services Rendered on a Non-Discriminatory Basis”