



## Site Review Application

Name \_\_\_\_\_ Phone# (Work or cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Property is located on \_\_\_\_\_ Road, between \_\_\_\_\_

And \_\_\_\_\_ (Crossroads) Twp. \_\_\_\_\_ Section # \_\_\_\_\_

# of bedrooms \_\_\_\_\_ Current Parcel # \_\_\_\_\_

Which side of the road is the property located? N S E W (please circle one)

Please complete the site drawing on the back side of this form and return it to our office along with your application for site review. Please be sure to include all of the information required as listed below to avoid a delay in processing your application.

**The Site Drawing must be to scale, (1 square = 15 ft) and must include:**

- \_\_\_\_\_ North at top.
- \_\_\_\_\_ Overall lot dimensions, shape, and amount of acreage.
- \_\_\_\_\_ Distances from the house to each property line.
- \_\_\_\_\_ All ditches, creeks, buried field tiles and ponds within 50 feet of proposed property line.
- \_\_\_\_\_ Proposed location of any pond.
- \_\_\_\_\_ Location of any trees.
- \_\_\_\_\_ Proposed location of well.
- \_\_\_\_\_ Location of house, driveways and any other proposed buildings.
- \_\_\_\_\_ Proposed geothermal system, buried electric line, water line.
- \_\_\_\_\_ Existing or sealed wells
- \_\_\_\_\_ Location of public drainage to be used (ditch, creek, public tile)

**Note:** *If you anticipate existing tile to be use for drainage associated with the septic system it must be available for inspection at the time of the site evaluation. Please locate tile ahead of time so that it may be exposed at the time of the site evaluation.*

**The corners of the lot and 4 corners of the proposed dwelling must be staked prior to the inspection. Also need right of way staked.**

Signature of Property Owner authorizing a Site Review to be conducted on the above property.

\_\_\_\_\_  
SIGNATURE DATE

Sanitarian: \_\_\_\_\_

Site Review Plan # \_\_\_\_\_

Return this form along with the appropriate fee to:

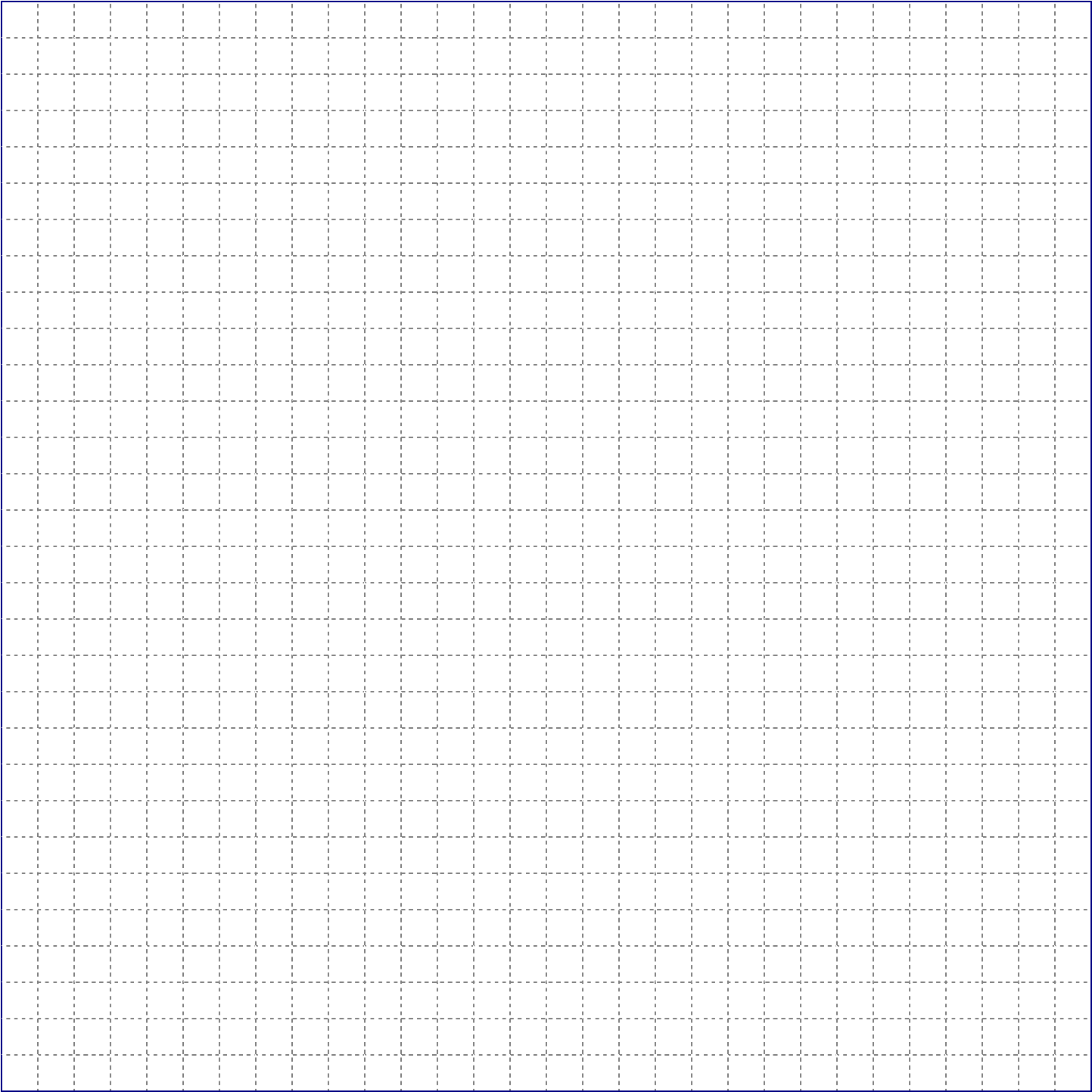
Wood County Health District  
1840 E. Gypsy Lane Road  
Bowling Green, OH 43402  
419.352.8402 or 866.861.9338  
[healthdept@co.wood.oh.us](mailto:healthdept@co.wood.oh.us)

<b>Office Use Only</b>		
Receipt No. _____	Date _____	Initials _____
Cash/Check# _____		

Name\_\_\_\_\_Property Location\_\_\_\_\_

Property is located on \_\_\_\_\_ Road, between\_\_\_\_\_

And \_\_\_\_\_ (Crossroads) Township\_\_\_\_\_



❖ Please note that above graph is 30 squares X 30 squares Scale 1 sq = 15 ft.