

# RESIDENTIAL PERMIT APPLICATION

HOCKING COUNTY HEALTH DEPARTMENT  
132 HOCKING MALL, LOGAN, OH 43138  
PHONE: 740-385-3030 EXT. 2 FAX: 740-385-2252

Site Address: \_\_\_\_\_ City: \_\_\_\_\_  
Township/Section #: \_\_\_\_\_ Subdivision/Lot #: \_\_\_\_\_  
Owner/Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Is the property in the 100-year floodplain? Y / N Was the site stripped or surfaced mined? Y / N  
Acres: \_\_\_\_\_ Road Frontage: \_\_\_\_\_ (min. 60') New Construction: Y / N Plat Attached: Y / N  
# Bedrooms: \_\_\_\_\_ Basement Plumbing: Y / N Plumbing Permit Required: Y / N  
Name of Registered Installer: \_\_\_\_\_ (Property owners must pass the STS Exam to install own system.)  
Directions to site: \_\_\_\_\_

*I, the owner or owner's representative, agree to allow representatives of the Hocking County Health Department access to the described parcel to perform necessary tests and observations. I further agree to **install, operate, and maintain** the sewage treatment system in accordance with the Ohio Administrative Code. **I agree to contact the Health Department for final inspection of the sewage treatment system at least twenty-four (24) hours prior to backfilling and will not occupy the property until approval is granted.** The Hocking County Health Department assumes no responsibility for the efficient functioning of any private sewage or water system.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

Return white copy to the Health Department with the appropriate fee and a **copy of the plat**. An appointment will be scheduled to meet at the property for the site evaluation. Two 6-foot deep holes must be dug in the proposed leaching area for soil analyses during the evaluation. Lot lines must be identifiable or they must be flagged. An address is required before permits can be issued.

**\*\*\* Locate all utilities prior to digging \*\*\***

### Other Hocking County Agencies Involved in the Building Process

Planning Office	Lot splits and floodplain information	740-380-9634
Map & Drafting	House Address	740-385-8546
Engineer's Office	County & township road driveway permits	740-385-8543
ODOT	State route driveway permits	740-385-2629

### Health Department Use Only:

Site Evaluation (\$125) _____	Building Placement Permit (\$ 25) _____
SFOSTS <500 gpd & HSTS Installation Permit (\$280) _____	Septic Repair Permit (\$150) _____
SFOSTS >500 gpd Installation Permit (\$375) _____	STS Operation Permit (\$ 50) _____
Penalty Fee for Installing Prior to Permit Issuance (\$100) _____	One Year Permit Extension (\$ 50) _____

White Copy – Health Department

Yellow Copy – Property Owner

Rev. 2/09

# SITE/SOIL EVALUATION

Within the 100-year flood plain?    Yes    No

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

Indicate the following: boring locations, lot & STS dimensions, existing & proposed structures, replacement area, site disturbances (driveways), and all water systems and surface water within 50' radius.

↑N

Minimum 10' to utility/lot line, drive, all structures, 25" to creek, escarpment, & 50' to water source & lake.

# bedrooms \_\_\_\_\_ X 120 gpd = daily design flow: \_\_\_\_\_ gpd/ ILR \_\_\_\_\_ = Area \_\_\_\_\_ sq. ft.

DDF \_\_\_\_\_ / HLLR \_\_\_\_\_ = length \_\_\_\_\_ ft. Area \_\_\_\_\_ / Length \_\_\_\_\_ = # trenches \_\_\_\_\_