



Monroe County Health Department

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Woodsfield, OH 43793
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www.monroecountyohio.com/departments/health_department/

DESIGN APPLICATION

Fee: \$125.00

Property Owner's Name: _____

Phone Number: _____ E-mail: _____

Township: _____ Lot Size: _____ Number of Bedrooms: _____

Current Mailing Address: _____

Property Address: _____

Printed Name: _____ Date: _____

Applicant's Signature: _____ Date: _____

****An approved Site Review shall be valid for no more than five years from approval date. ****

All new dwelling locations must be staked off on site prior to design application submittal.

Property lines/corners must be identified on-site prior to application submittal. If property lines/corners can not be identified, a property survey may be required of homeowner.

- A **copy** of the soil evaluation must be submitted -A soil evaluation must be completed in accordance with rule 3701-29-07 of the Administrative Code. *** If an NPDES discharging system or tank replacement is needed, then a soil evaluation may not be necessary.***
- Soil Evaluator Name: _____ Phone #: _____

**** Do Not Write Below This Line—Office Use Only ****

Date Application Received: _____ Receipt Number: _____

Date Site Review Completed: _____ Amount Paid: _____

Site Review: ____ Approved ____ Disapproved Cash: ____ Check Number: _____

Reviewed By: _____ Date: _____

Reason for disapproval: _____