



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
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www.scph.org

BUILDING AND ZONING EVALUATION APPLICATION

Parcel Information:

Property Address: _____

City: _____ Zip: _____ Parcel ID: _____

Applicant's Information:

Name: _____ Phone #: _____

Email: _____

Address (if different): _____
 City _____ State _____ ZipCode _____

Property Information and Project Details:

Sewage Disposal

- Sanitary Sewer
- Septic System

Water Source

- Municipal Water
- Private Water (well, cistern, etc.)

Please select the reason for submitting the application:

Proposed Project Type	Fee
<input type="checkbox"/> Home Addition/Remodel Addition to existing house that increases square footage, but not the number of potential bedrooms	\$90

Brief Project Description

The attached drawing includes the location of all septic system components and private water systems and distances, in feet, to the proposed project.

I understand that any approval or disapproval is based on the information I have provided and any change in this information may result in a voided approval. This evaluation may not be used as an assessment of the septic or private water system.

Received by: _____
Amount: \$ _____ .00
<input type="checkbox"/> Cash
<input type="checkbox"/> Credit card
<input type="checkbox"/> Check #: _____

Signature of Applicant

Date